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ABSTRACT

This annotated bibliography concerns the styles and strategies used to cope with stressful situations and to adapt to pathological conditions, and provides mental health researchers and practitioners with recent, relevant mental health information on theoretical, developmental, clinical, behavioral, and social issues about coping and adaptation. The key substantive areas focus on major psychosocial and developmental transitions in the life cycle, stressful situations of rapid change, life-threatening crises of severe injury or illness, and seriously detrimental and handicapping conditions of individual or social origin. The volume is an updated, expanded, and revised edition of the bibliography prepared for the 1969 Conference on Coping and Adaptation held at Stanford University. In the annotated bibliography, the references and abstracts are arranged alphabetically, by author, and numbered in sequence. The study guide describes the 10 major subject areas used in selecting abstracts for the bibliography and provides a subject index for the bibliography. A complete author index is also included. (Author/NRB)

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# COPING & ADAPTATION

## An annotated bibliography and study guide

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# Foreword

The study of human coping and adaptation emphasizes the creative potential and process involved in our management of many common or unusually stressful situations in the course of development. This volume draws attention to a growing body of mental health literature concerned with the wide range of human responses to catastrophic events, to life-threatening episodes of injury and illness, and to the more or less stressful crises of developmental transitions. A systematic examination of such stressful experiences very often reveals the adaptive aspects of behavior that are crucial to recovery and integrity of functioning.

The coping approach to the study of human behavior in stressful situations that occur throughout life has long been recognized by the National Institute of Mental Health as an important area of basic and applied research; many projects have served to synthesize and disseminate the relevant mental health knowledge.

This bibliography is an important and exciting product of the Institute's long-term commitment to the understanding of adaptive behavior, its determinants, and its development. The research documentation is diverse and extensive, covering the following topics: approaches and concepts useful to the study of coping and adaptation; developmental issues; various determinants (biological, psychological, social, and cultural) related to stress and coping skills; coping with crises; interventions and treatment issues; assessment and measurement techniques; social problems as causes and symptoms of stress and the incapacity or inability to cope; and the implications of rapid changes in today's world for adaptive and maladaptive behavior.

In view of the multidisciplinary nature of the subject, the relevant professional literature is not available in any one place. The editors, therefore, make a major contribution to the mental health body of information on coping and adaptation by organizing the volume into a format that facilitates quick access to the cumulative literature. The utility of the bibliography is enhanced by the study guide and key that provide a means for the reader to find abstracts within the 10 major subject areas delineated in the study guide.

This comprehensive reference work is directed toward researchers and practitioners in the mental health and human service professions. It provides a timely and valuable source of ideas, insights, and information concerning approaches and issues of intervention, treatment, counseling, and prevention in the mental health care field.

Herbert Pardes, M.D.
Director
National Institute of Mental Health

# Acknowledgments

This reference work evolved from my association over the past 20 years with numerous colleagues in NIMH projects, particularly the studies of adolescent coping behavior initiated in 1959 by a multidisciplinary team of professional staff in the Adult Psychiatry Branch and the Laboratory of Socio-Environmental Studies, Clinical Center, NIMH, National Institutes of Health, Bethesda, Maryland.

Dr. Robert Cohen, Director of Clinical Investigations, Intramural Research Programs, provided resources and guidance for initiating replication studies of adolescent coping behavior in other cultural settings. Dr. David Hamburg, then Chief of the Adult Psychiatry Branch, NIMH, provided leadership and organized the Conference on Coping and Adaptation at Stanford University School of Medicine in 1969. He also collaborated in the preparation of the related bibliography (1970) and the volume *Coping and Adaptation* (1974).

The format of this revised and enlarged annotated bibliography and study guide was developed with the cooperation of several research assistants, especially Diana Dooley, Jonathan Emerson, Peter Hinz, Gitte Irving, Jacqueline Moore, and Allison Potter, who, in the summers of 1974 and 1975, helped review, select, and classify the voluminous materials from which the present bibliography is derived. Richard Irving shared the responsibility with me for developing the final organization of the contents, the study guide, and key for this reference work.

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# Introduction

This work is a response to the rapidly increasing interest in the styles and strategies that humans use to cope with stressful situations and to adapt to pathological conditions. It provides mental health researchers and practitioners with recent, relevant mental health information on theoretical, developmental, clinical, behavioral, and social issues concerning coping and adaptation. The key substantive areas include major psychosocial and developmental transitions in the life cycle, stressful situations of rapid change, life-threatening crises of severe injury or illness, and seriously detrimental and handicapping conditions of individual or social origin.

The study of coping and adaptation sheds light on the biological, psychosocial, cultural aspects of human behavior, growth, and development. The emphasis on human coping highlights the positive aspects of our management and control of stressful situations. Although these aspects tend to be neglected in the scientific literature, practitioners and educators recognize individual potentials and opportunities for creative adaptation to the constant challenges of the physical and sociocultural environment. As creative creatures, human beings normally use their culture to handle new stresses and to reach acceptable compromises with their environment. Thus, human behavior, even under severe stress, is purposeful, problem solving, and growth sustaining in nature.

The study of coping behavior—and the treatment of that behavior when intervention is indicated—requires a holistic approach to the study of the person and group. Multidisciplinary efforts are useful in exploring the adaptive function of behavior in an individual's psychosocial development. The coping perspective has theoretical and practical implications for the study of specific situations and environmental contexts of health and mental health problems and allows researchers and practitioners to focus on issues of recovery and prevention.

This volume is an updated, enlarged, and revised edition of the bibliography (1) prepared in connection with the Conference on Coping and Adaptation sponsored by the Stanford University School of Medicine, Department of Psychiatry, at Stanford in March 1969. A related literature survey was prepared in connec-

NOTE: Some abstract numbers have been skipped because of computer duplication.

tion with NIMH Staff Seminars on Social Change and Human Behavior held at NIMH in 1970. Two publications resulted: the *Mental Health and Social Change Bibliography* (2) and *Social Change and Human Behavior* (3) which focused on man's adaptive responses to rapid environmental and social change. Thirteen research articles in *Coping and Adaptation* (4) present a major substantive examination of concepts, methods, and interdisciplinary issues in coping and adaptation. The book illustrates the connection between man's biological and social resources and abilities in coping with stress.

During 1974 professional demand increased for an updated version of the coping bibliography, and work began in response to the demand. The outline scheme of 10 major subject areas used in classification of abstracts was developed in 1974 and represents the range of topics and categories that seemed useful in classifying the most relevant and recent materials that were collected, including abstracts from the NIMH Clearinghouse for Mental Health Information. The outline scheme appears in the study guide which follows. General criteria for the preliminary selection of the articles were developed through intensive discussions by the editor (G.V.C.) and research assistants in 1974, who reviewed and assessed publications for thematic relevance and professional significance.

In the summer of 1975, both editors began a more intensive examination of the bibliography candidates and refined the selection criteria. The process of collecting, rating, and categorizing articles for the revised volume continued from 1976 to 1978. Candidates were drawn from four general sources: (1) The NIMH information system through key-word computer searches; (2) the two previously published bibliographies: (3) reprints and citations submitted in response to a notice placed in *Behavior Today* (February 21, 1977); and (4) reprints and citations of articles by human service providers in response to direct mail requests. The selection process closed in June 1978.

Each bibliography candidate was reviewed by the editors. It was included if it met the following criteria: (1) The article focuses on human coping and adaptive aspects rather than merely pathological aspects of a stressful situation; (2) the article is relevant to practice in the health and mental health fields; (3) the article is a substantive and methodological discussion of research, case examples, or application of theory; (4) the discussion or results of the study have applicability to interdisciplinary issues of research and intervention; (5) the article was published after 1969 (an exception was the inclusion of earlier publications of major importance); and (6) the article is generally available. Unpublished or otherwise inaccessible articles were not included.

In the annotated bibliography, the references with their abstracts are arranged in alphabetical order, by author, and numbered in sequence. Some numbers are omitted because of duplication created in the computer process.

The study guide following this introduction provides a description of the 10 sections, or major subject areas, used in selecting abstracts for inclusion in the bibliography. It also provides a key arranged by section that serves as a subject index for the bibliography.

A complete author index appears at the end of the work.

## References

1. National Institute of Mental Health. *Coping and Adaptation: A Behavioral Sciences Bibliography*, by Coelho, G. V.; Hamburg, D.A.; Moos, R.; and Randolph, P. PHS Pub. No. 2087. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1970.
2. National Institute of Mental Health. *Mental Health and Social Change: An Annotated Bibliography*, Coelho, G.V., ed. DHEW Pub. No.(HSM)72-9149. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1972.
3. National Institute of Mental Health. *Social Change and Human Behavior*, Coelho, G.V., and Rubinstein, E.A., eds. DHEW Pub. No.(HSM)72-9122. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1972 (reprinted 1976).
4. Coelho, G.V.; Hamburg, D.A.; and Adams, J.E., eds. *Coping and Adaptation*. New York: Basic Books, 1974.

# Study Guide and Key to Abstracts

During the preliminary development of this bibliography, 10 major subject areas within the study of coping and adaptation were established as guidelines for the selection and classification of abstracts. An outline of the 10 sections as shown below indicates the specific categories and subcategories used in the selection process.

## Outline of the Classification System

I. Models, Constructs, Concepts, Paradigms, and Theories
Suggestions on how to define and conceptualize coping and adaptation in a broad, theoretical framework.
   A. Biological-evolutionary adaptation, developmental concerns
   B. Social-cultural adaptation
      1. Culture, society, and institutions as adapting systems
      2. Culture's role in individual adaptation
   C. Psychological adaptation, coping strategies

II. Developmental Issues
Issues involving adaptation and coping strategies in longitudinal perspective or those commonly experienced in development (college, pregnancy, aging); emphasis on adaptive responses at a certain stage of development rather than the affecting variable.
   A. Prenatal development
   B. Infant development (ages 0–2)
      1. Process variables: Biological-evolutionary variables; Social-cultural variables; Psychological variables
      2. Stressful situations: Birth; First visit to dentist/doctor
   C. Preschool development (ages 3–5)
      1. Process variables: Biological-evolutionary variables; Social-cultural variables; Psychological variables
      2. Stressful situations: Preschool, Day care center
   D. Child development (ages 6–11)
      1. Process variables: Biological-evolutionary variables; Social-cultural variables; Psychological variables
      2. Stressful situations: First school experience; Moving
   E. Adolescent and youth development (ages 12–21)
      1. Process variables: Biological-evolutionary variables; Social-cultural variables; Psychological variables
      2. Stressful situations: Jr. high and high schools; College years; Overseas program; First job; Draft
   F. Adult development (age 21+)
      1. Process variables: Biological-evolutionary variables; Social-cultural variables; Psychological variables

        2. Stressful situations: Marriage; Graduate school; Pregnancy; Menopause; Retirement; Aging

III. Biological Determinants and Variables Related to Stress and Coping Skills
  A. Biological and physiological reactions to stress—psychosomatic diseases
  B. Racial differences in coping abilities and adaptation of a demonstrated biological rather than cultural origin
  C. Sexual differences in coping abilities and adaptation of a demonstrated biological rather than cultural origin

IV. Social and Cultural Determinants and Variables Related to Stress and Coping Skills
  A. Influential agents, such as: Television; Family; School; Religion; Education
  B. Group collaboration
  C. Ethnic determinants
  D. Sexual determinants

V. Psychological Determinants and Variables Related to Stress and Coping Skills
  A. Coping strategies—specific coping strategies, rather than broad theories of coping which would fit in section I.C
  B. Psychological variables, such as: Creativity; Certainty-uncertainty; Aggression; Anxiety; Self-esteem; Cognitive appraisal; Achievement; Intelligence; Social competence; Prosocial behavior; Other variables

VI. Coping with Real-Life Catastrophic Illnesses, Pathological Situations, and Crises
  Effects of physical and mental illness and crises upon the individual and others.
  A. Reactions to one's own physical illness and treatment, injury, and mental retardation
    1. Life-threatening
    2. Chronic
    3. Short term
  B. Coping with crisis and unusual situations, such as illness of others, death, desertion, divorce, natural disasters

VII. Treatment and Learning How to Cope—Theories of Crisis Intervention and Overall Views
  A. Techniques of intervention
    1. Drug treatment
    2. Therapeutic techniques: Curative; Preventive
  B. Types of intervention
    1. Children—implications for parents, teachers, therapists: Problem children—emotional and learning difficulties; Intervention in the school
    2. Marriage counseling
    3. Family therapy—parent counseling
    4. Menopause and aging
    5. Specific illnesses: Physical illness and its implications; Mental illness; Mental retardation
    6. Social problems (alternatives): Drug treatment; Suicide prevention; Delinquency; Alcoholism
  C. Levels of intervention, management, use of volunteers, etc.

VIII. Techniques of Research, Measurement, Analysis, and Assessment
  A. Measures of anxiety
  B. How to measure coping ability

IX. Social Problems as Symptoms of Stress
  Some specific social problems that can be viewed as a means of adapting to stress used by some members of modern society.
  A. Drugs
  B. Alcohol
  C. Suicide
  D. Changing sex roles and mores
  E. Divorce
  F. Work dissatisfaction
  G. War, violence, and aggression
  H. Juvenile delinquency
  I. Other problems

X. Implications of Rapid Changes of the 20th Century for Man
  New ways of working and living as adaptations to a changing society; ways in which society must adapt to man's needs.

The major focus of each of the 10 sections is described below. Examples of abstracts in the bibliography are cited to illustrate each section's approach toward coping and adaptation issues.

The key at the end of this study guide provides a subject index for the bibliography. It lists abstracts by abstract number under the appropriate section heading (subsections have not been used in the key). Although many abstracts could be included in several sections, the editors have listed each abstract under the section most representative of the article's focus and purpose. In some cases, however, some abstracts which seemed equally relevant to another section have been so listed.

## Description of Topics Within Sections

### I. Models, Constructs, Concepts, Paradigms, and Theories

References listed in the key under this section cover sources that define and conceptualize coping and adaptation in a broad theoretical framework using three different approaches: biological-evolutionary adaptation; social-cultural adaptation; and psychological adaptation.

### *A. Biological-Evolutionary Adaptation*

In "Ethological Concepts and Human Development," Wagner Bridger (1962; abstract no. 130) stresses man's adaptive potential and capacity and encourages study of mechanisms underlying all adaptive behavior. He argues against the concept that instinctive or drive behavior is innately organized and suggests that such behavior "develops through coordination of the many organic resources in the organism interacting with the developmental milieu." More specifically, David Elkind (1968; abstract no. 244) outlines Piaget's ideas on intellectual development and changing world views of growing children. Intelligence, which begins at the infant stage of development, is defined as adaptive thinking and action.

References coming within the range of this subsection interpret behavior as adaptive rather than merely instinctive or reflexive. Human coping and adaptation behaviors are seen as continuous, ever-present activities arising from the interplay between individual and environment. Environmental factors and coping mechanisms, therefore, are an integral part of human development from infancy to maturity.

### *B. Social-Cultural Adaptation*

Societal expectations and norms are studied in terms of their effect on the individual's adaptation and development of competence. Leslie Phillips (1968; abstract no. 704) reviews environmental factors in the adaptation process and discusses the development of social competence in the presence of societal expectation and pressures. David Born (1970; abstract no. 115) discusses socially induced stress and the range of adaptive responses "allowed" within specific social frameworks. References in the bibliography illustrating this approach focus on society's effect on adaptation and help to place coping and adaptation within the context of social and cultural dynamics.

### *C. Psychological Adaptation, Coping Strategies*

Strategies of coping with environmental influences are studied with an emphasis on behavior as adaptive rather than pathological, and on types of individual behavior that constitute coping and adaptation. Anxiety, for example, can be understood as an adaptive reaction to a situation of increased vulnerability, mobilizing the necessary defenses and motivation to move away from the situation (Brody and Axelrad 1970; abstract no. 139). Overall, adjustment—personal interaction with the environment—involves aspects of behavior such as motives, frustration, conflicts, anxiety, defenses, and learning on an individual level (Arkoff 1968; abstract no. 33). Behavior is seen as having a purpose and a value by allowing an individual to negotiate with environmental stresses and demands.

## II. Developmental Issues

References listed in the key under this section focus on issues of coping and adaptation in a longitudinal perspective and cover common experiences during various developmental stages and transitions. Examples include preschool development, first school experience, college, first job, pregnancy, and aging. The emphasis in this section is on adaptive responses at certain stages of development rather than on the stages themselves. This approach stresses the dynamics of the development of coping competence as a crucial task throughout the life cycle.

Murphy (1960; abstract no. 651) examines the development of coping resources and the stability of coping styles in a group of children studied during infancy, preschool, and latency years. Coping styles were reinforced over time by the child's previous interpersonal experiences. Baumback's article (1971; abstract no. 58) discusses the conflict, stress, and crisis involving adolescents and their families. The problems of adolescence cause family conflict, and family adaptation must occur if homeostasis is to be regained. The need for problem-solving activity to avoid crisis is presented with an emphasis on productive communication as a coping strategy. Lowenthal et al. (1975; abstract no. 557) analyze some of the common transitions of adult life, including leaving home, having a family, and retiring. The impact of earlier resources and deficits on adaptation is discussed, and the adult's subsequent responses to stress are examined.

## III. Biological Determinants and Variables Related to Stress and Coping Skills

The references listed in the key for this section focus on biological and physical reactions to stress and those racial and sexual differences in coping abilities which have a biological rather than cultural origin. References in this section further delineate the discussion in section I on biological-evolutionary adaptation by linking biological factors more closely to an individual's adaptive styles and strategies. Wolf and Goodell (1968; abstract no. 971) describe a relationship between stress and disease, including adaptive reaction patterns and patterns of social adjustment and disease. Groen (1971; abstract no. 361) argues that psychosomatic disorders are culturally induced, he discusses the mechanisms in society that can produce or modify psychosomatic disease. The process of change in society is stressful and requires adaptive responses. If the responses are not adequate to cope with the stress, the individual may develop a disease or deviant behavior. In "Dimensions of Subjective Adjustment," Veroff et al. (1962;

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abstract no. 922) argue for a "multiple criterion" approach to the definition of mental health so that stress and coping for population subgroups—in this study, men and women—may be more accurately assessed. Biological determinants in the study of coping and adaptation behavior provide another measure by which to study stress and adaptation.

## IV. Social and Cultural Determinants and Variables Related to Stress and Coping Skills

References listed under this section examine the effect of various social agents on individual and group adaptation. Influential determinants include family, school, religion, group collaboration, and ethnicity. For example, Siegelman et al. (1970; abstract no. 837) present a set of longitudinal studies on the antecedents of psychological health. In this study, antecedent circumstances that differentiated the high optimal adjustment adults from the low optimal adjustment adults are identified. Adjustment is referred back to parental influences. Croog (1970; abstract no. 197) discusses the family as a source of stress and examines stressors associated with the life cycle of the individual and family. Smith and Haythorn (1972; abstract no. 852) examine the relationship between individual behavior in a group and the social and physical aspects of the group setting as it relates to coping and adaptation. In *Environmental Influences*, Glass (1968; abstract no. 329) includes papers from a conference on environmental influences on behavior and helps to trace the crucial relationship between social determinants and competence in coping.

## V. Psychological Determinants and Variables Related to Stress and Coping Skills

Articles listed under this section focus on specific coping strategies and expand on the broader theories included in section I. Psychological variables are studied as they relate to the coping behavior of the individual. Examples include creativity, aggression, anxiety, self-esteem, social competence, and intelligence. In Goldstein and Adams' study (1967; abstract no. 339), "Coping Style and Behavior Response to Stress," successful coping styles are discussed in terms of their relationship to behavioral and psychophysiological reactions to stress. In "Anxiety," Arkoff (1968; abstract no. 34) discusses the nature of anxiety and its effect on adjustment, including improvement or impairment of performance. Forms of anxiety are discussed and are related to the individual's ability to handle anxiety. In "Competence and Socialization," Smith (1968; abstract no. 851) examines various psychological determinants such as attitude, self-esteem, and conception of competence and ties them to the socialization, i.e., adaptation, process for the individual. These variables have an effect on the adaptive success of an individual's interactions with the environment and are, therefore, significant to the understanding of coping behavior.

## VI. Coping With Real-Life Catastrophic Illnesses, Pathological Situations, and Crises

The references keyed for this section examine the effect of physical and mental illness and crises on the individual and others. Reactions to one's own illness and treatment are included. How an individual copes with a crisis such as illness or death of another, desertion, divorce, and natural disasters also comes under this section. This approach provides the researcher or practitioner with very specific case examples which will enable them to increase their understanding of the coping process itself. In their study, "Psychological Adjustment and Psychiatric Complications Following Open Heart Surgery," Henrichs et al. (1971; abstract no. 397) suggest that good psychological adjustment prior to surgery may preclude a postoperative reaction and/or make it easier for a person to adjust to disturbing emotional experiences following surgery. Preparation is seen as crucial to adapting to life-threatening situations. In the study "Assessment of Surgical Patients' Preoperative Emotional Condition and Postoperative Welfare," Wolfer and Davis (1970; abstract no. 975) examine the effects of preoperative fear on postoperative recovery and adjustment, a study which has significant implications for preventive intervention approaches. In "Response to Special Crises," Offer (1969; abstract no. 679) provides detailed case histories of boys in crisis situations. The subjects were able to cope with the stressful situations of personal loss (death, divorce, physical injury). Coping styles are discussed, with a focus on the presence in each case of a relatively strong ego that allowed for change and adaptation. These findings highlight the role of ego and self-esteem in the coping process.

## VII. Treatment and Learning How to Cope

The key for this section contains the greatest number of references, which focus on three major areas: techniques of intervention (preventive and curative); types of intervention (children, family therapy, marriage counseling, crisis intervention); and levels of intervention and resources available (individual, local, State, national). In "The Urge Towards Competence," White (1971; abstract no. 954) stresses that workers need to become as sharply aware of a client's competence and feelings of competence as they are now aware of anxieties and defenses. Competence is related to self-esteem, which has a direct effect on coping competence. Raphael (1971; abstract no. 736) discusses the concept of crisis intervention as an instrument of primary intervention. Crisis is examined in terms of a period of disturbed functioning for the individual with the potential for mental and physical health and social adaptation. This understanding of crisis has significant implications for therapeutic intervention. A method of direct service is presented by Bettelheim (1974; abstract no. 87). In *A Home for the Heart*, he discusses the creation of a total therapeutic milieu as a setting and tool for curing the psychically damaged and emphasizes the importance of enlisting the patient's own energy in the treatment process. The goal of treatment is to bring each individual back "to a capacity for dealing with the world."

## VIII. Techniques of Research, Measurement, Analysis, and Assessment

Articles listed for this section focus on various theories and methods that can be applied to the measurement of anxiety, stress, and coping ability. Measurement allows comparison, which increases one's understanding of the causes and effects of coping success or failure. Kelly's article "Naturalistic Observations and Theory Confirmation: An Example" (1967; abstract no. 466) discusses components of the naturalistic approach to the study of adaptive behavior, including normative structures, social controls, and identification of coping techniques. Coelho et al. (1969; abstract no. 179) in "Predicting Coping Behavior in College," report on the use of the Student Thematic Apperception Test to predict coping behavior and dropout vulnerability among college freshmen. Goodrick's report, "The Construction and Validation of a Behavior Inventory Measuring Maladaptive and Adaptive Responses in the Context of Stressful and Supportive Situations" 1971 (abstract no. 346), outlines a technique for evaluating coping ability situationally.

## IX. Social Problems as Symptoms of Stress

References listed under this section discuss specific social problems which can be seen as a means of adapting to stress. Some members of modern society have become involved in drugs, alcohol, and juvenile delinquency; are caught up in changing sex roles, divorce, and work dissatisfaction; have attempted suicide; or have committed crimes. Group norms appear to be less clear-cut, tending to increase the number of socially acceptable—although not necessarily adaptive—methods available for allaying anxiety and fear of failure. Short-term coping techniques often hold more attraction than longer term adaptive behaviors.

Bernstein (1973; abstract no. 83) reports that two of the more frequent motivational factors behind adolescent drug use were found to be an attempt to gain peer acceptance, and a search for a way to cope with conflicts such as depression, alienation, low self-worth, or confused personal identity. In "Phenomenal Environmental Oppressiveness in Suicidal Adolescents," Levenson and Neuringer (1972; abstract no. 536) suggest that the suicidal adolescent does feel helpless not because he is phenomenally overwhelmed, but because he cannot cope with his environment. Articles in this section reflect an increasingly serious breakdown in natural and dependable support systems for individuals to rely on as they face the growing challenges of modern society.

## X. Implications of Rapid Changes of the 20th Century for Man

The references listed in the key under this section contain far-reaching discussions on new ways of living and working as adapting to a changing society and ways in which society must adapt to man's needs. Coelho and Stein (1977; abstract no. 180) discuss the rapid changes, the increasingly new stresses produced by such changes, and the need for new coping skills to meet the socio/technical demands of modernization. Manderscheid (1976; abstract no. 569) suggests that the technology of biochemical indicators, in conjunction with measures of psychosocial environment, may be used in preventive health care by increasing awareness of person-environment fit or mismatch.

Both Tolsdorff (1976; abstract no. 905) and Brody (1976; abstract no. 137) emphasize the importance of understanding, working within, and increasing the number of integrated social systems and networks in the service of health and mental health. As changes occur at an increasingly rapid pace, the availability and strength of social systems that allow for collaborative coping becomes more crucial to successful and continual human adaptation.

## Key to Numbered Abstracts by Section

(Note: Some citations have been listed in two sections.)

I. Models, Constructs, Concepts, Paradigms, and Theories.

9, 11, 12, 16, 28, 33, 41, 56, 62, 82, 88, 96, 99, 115, 116, 129, 130, 139, 162, 171, 202, 214, 217, 219, 227, 230, 231, 244, 245, 246, 255, 262, 263, 275, 277, 278, 296, 315, 319, 358, 359, 361, 367, 378, 405, 411, 435, 436, 441, 461, 469, 492, 501, 506, 508, 516, 523, 538, 545, 558, 561, 578, 579, 581, 582, 583, 584, 592, 601, 608, 613, 620, 640, 643, 654, 676, 690, 692, 703, 704, 706, 718, 725, 770, 773, 802, 820, 823, 849, 924, 927, 953, 963, 972.

II. Developmental Issues.

4, 9, 14, 27, 30, 35, 39, 40, 41, 54, 58, 59, 61, 63, 70, 76, 81, 83, 92, 97, 100, 104, 105, 106, 107, 110, 113, 114, 118, 132, 140, 144, 146, 149, 153, 159, 163, 167, 169, 172, 173, 176, 177, 179, 181, 182, 185, 188, 190, 196, 203, 205, 206, 217, 222, 226, 227, 234, 235, 238, 243, 244, 248, 253, 257, 260, 261, 265, 269, 275, 281, 283, 286, 293, 294, 295, 299, 304, 306, 308, 318, 319, 323, 325, 333, 334, 335, 340, 343, 344, 349, 356, 364, 373, 380, 382, 385, 390, 407, 416, 422, 426, 436, 437, 451, 452, 453, 454, 455, 458, 461, 464, 469, 474, 476, 483, 484, 485, 499, 503, 504, 505, 507, 509, 511, 515, 517, 518, 524, 525, 526, 527, 528, 537, 543, 555, 557, 558, 559, 565, 573, 587, 590, 594, 598, 624, 626, 647, 648, 649, 651, 652, 653, 656, 658, 664, 667, 673, 678, 680, 681, 685, 686, 688, 691, 692, 694, 699, 700, 701, 702, 710, 721, 727, 728, 732, 734, 737, 739, 741, 755, 756, 758, 766, 769, 771, 772, 778, 779, 785, 791, 795, 796, 798, 800, 801, 804, 805, 810, 816, 824, 825, 834, 844, 850, 853, 855, 859, 868, 872, 875, 882, 891, 895, 896. 901, 902, 912, 918, 919, 920, 940, 952, 957, 959, 964, 968, 970, 976, 979, 981, 983.

III. Biological Determinants and Variables Related to Stress and Coping Skills.

2, 24, 50, 57, 89, 109, 111, 131, 134, 151, 155, 161, 164, 165, 166, 186, 193, 200, 208, 231, 245, 259, 273, 285, 297, 305, 307, 322, 338, 353, 361, 362, 372, 398, 399, 425, 428, 432, 433, 462, 475, 480, 487, 514, 519, 549, 561, 566, 626, 690, 691, 709, 714, 717, 771, 807, 819, 837, 856, 865, 893, 922, 938, 942, 944, 961, 971, 973.

IV. Social and Cultural Determinants and Variables Related to Stress and Coping Skills.

29, 36, 37, 38, 41, 54, 92, 104, 114, 115, 125, 136, 149, 164, 182, 197, 212, 217, 229, 248, 257, 265, 269, 288, 329, 342, 356, 366, 383, 388, 393, 402, 403, 404, 425, 445, 455, 468, 473, 489, 499, 513, 518, 532, 552, 565, 571, 574, 577, 591, 593, 599, 615, 617, 631, 644, 649, 658, 664, 674, 707, 715, 732, 761, 765, 766, 767, 773, 787, 801, 815, 837, 844, 852, 864, 868, 872, 885, 909, 917, 926, 927, 931, 969, 978.

### V. Psychological Determinants and Variables Related to Stress and Coping Skills.

13, 14, 21, 28, 29, 30, 31, 34, 52, 81, 89, 99, 115, 139, 141, 142, 152, 160, 182, 185, 196, 200, 207, 211, 212, 215, 218, 224, 232, 239, 245, 254, 264, 268, 269, 274, 277, 312, 313, 324, 336, 339, 353, 357, 360, 368, 369, 383, 391, 410, 414, 417, 418, 434, 438, 463, 496, 498, 514, 516, 517, 520, 526, 533, 542, 550, 554, 560, 570, 584, 591, 603, 609, 615, 616, 623, 625, 630, 635, 643, 644, 651, 652, 655, 657, 663, 669, 670, 677, 685, 705, 708, 709, 713, 720, 723, 725, 738, 745, 747, 764, 770, 788, 800, 827, 828, 836, 845, 849, 851, 855, 898, 925, 940, 941, 944, 945, 980, 984.

### VI. Coping With Real-Life Catastrophic Illnesses, Pathological Situations, and Crises.

1, 26, 33, 44, 45, 50, 76, 77, 78, 79, 84, 90, 93, 101, 118, 119, 148, 150, 151, 156, 158, 159, 166, 183, 184, 187, 210, 211, 220, 221, 227, 252, 266, 274, 279, 280, 281, 282, 283, 287, 303, 310, 314, 345, 354, 355, 363, 376, 394, 395, 397, 413, 439, 447, 448, 450, 456, 460, 477, 481, 486, 488, 490, 502, 510, 512, 530, 531, 539, 546, 547, 551, 556, 562, 568, 580, 586, 590, 594, 605, 614, 631, 633, 634, 656, 661, 662, 674, 679, 683, 688, 689, 693, 711, 716, 720, 727, 751, 762, 774, 775, 780, 797, 831, 843, 860, 873, 886, 888, 897, 900, 906, 907, 914, 915, 916, 937, 942, 955, 967, 974, 975.

### VII. Treatment and Learning How to Cope.

5, 6, 7, 14, 16, 18, 19, 20, 22, 32, 42, 45, 46, 47, 48, 49, 51, 55, 58, 64, 65, 66, 67, 68, 71, 72, 73, 74, 75, 80, 83, 85, 86, 87, 91, 93, 94, 98, 101, 103, 106, 108, 112, 117, 118, 120, 121, 122, 123, 124, 126, 127, 128, 132, 133, 134, 135, 138, 143, 145, 149, 153, 154, 157, 168, 171, 172, 174, 185, 187, 189, 191, 192, 194, 195, 198, 199, 201, 204, 209, 210, 215, 216, 221, 223, 225, 228, 232, 233, 236, 237, 240, 241, 242, 247, 250, 251, 252, 256, 260, 261, 264, 267, 270, 271, 272, 273, 276, 279, 284, 286, 289, 290, 291, 292, 295, 298, 300, 301, 302, 306, 310, 316, 317, 321, 325, 326, 327, 328, 332, 338, 345, 347, 348, 350, 351, 352, 365, 366, 370, 371, 374, 381, 384, 386, 391, 392, 394, 396, 400, 401, 408, 409, 412, 415, 419, 420, 423, 427, 429, 430, 431, 440, 441, 442 443, 444, 446, 449, 456, 457, 459, 464, 465, 466, 468, 471, 472, 476, 477, 479, 480, 482, 490, 493, 494, 495, 500, 502, 509, 510, 521, 539, 540, 544, 547, 548, 553, 554, 556, 559, 564, 572, 575, 576, 588, 589, 595, 596, 597, 600, 602, 605, 606, 607, 609, 618, 619, 621, 622, 627, 628, 629, 632, 636, 637, 638, 639, 642, 646, 653, 657, 659, 661, 663, 664, 666, 668, 672, 675, 687, 693, 695, 696, 697, 698, 699, 702, 716, 719, 723, 724, 726, 729, 730, 731, 733, 735, 736, 742, 743, 744, 748, 749, 750, 751, 752, 753, 757, 758, 759, 760, 763, 768, 772, 774, 780, 781, 783, 784, 786, 787, 789, 790, 792, 793, 794, 805, 806, 808, 809, 811, 812, 813, 814, 817, 818, 821, 822, 824, 825, 826, 829, 830, 832, 835, 838, 839, 840, 841, 847, 854, 857, 860, 862, 866, 867, 869, 871, 873, 874, 876, 877, 878, 879, 881, 883, 884, 889, 890, 894, 895, 899, 907, 908, 910, 911, 921, 923, 926, 929, 930, 932, 933, 934, 935, 939, 943, 947, 948, 949, 950, 951, 954, 956, 963, 964, 965, 966, 977, 982, 985, 987, 988.

VIII. Techniques of Research, Measurement, Analysis, and Assessment.

33, 34, 50, 108, 131, 178, 179, 181, 186, 206, 226, 243, 309, 340, 346, 377, 381, 406, 414, 421, 423, 466, 496, 497, 525, 586, 610, 632, 650, 712, 776, 803, 823, 928, 936, 962, 975.

IX. Social Problems as Symptoms of Stress.

15, 17, 28, 43, 53, 60, 64, 74, 83, 91, 95, 98, 116, 126, 129, 136, 138, 144, 163, 167, 170, 175, 188, 199, 206, 219, 233, 246, 249, 251, 254, 255, 258, 260, 262, 278, 289, 297, 301, 305, 320, 327, 328, 331, 336, 344, 371, 375, 379, 387, 389, 424, 429, 440, 443, 445, 454, 470, 478, 479, 491, 494, 495, 508, 522, 529, 534, 535, 536, 540, 541, 548, 549, 563, 567, 578, 587, 600, 601, 604, 611, 612, 624, 645, 660, 666, 675, 684, 707, 740, 752, 754, 759, 777, 779, 781, 782, 799, 817, 818, 826, 842, 846, 848, 853, 858, 861, 863, 870, 879, 882, 887, 892, 903, 913, 946, 947, 948, 949, 950, 951, 955, 958, 960, 969, 976, 986.

X. Implications of Rapid Changes of the 20th Century for Man.

69, 102, 137, 147, 180, 341, 569, 746, 880, 904, 905.

# Annotated Bibliography

**1. Abram, Harry S. The psychiatrist, the treatment of chronic renal failure, and the prolongation of life: III. *American Journal of Psychiatry*, 128(12):1534-1539, 1972.**

Psychological response to the treatment of chronic renal failure was examined. A study of 30 kidney transplant patients who had received cadaver homografts focused on their overall adaptation, changes in lifestyle, and the occurrence of the themes of rebirth, ambivalence over accepting a cadaver organ, and death. In general the problems in living with a transplanted kidney did not appear to be overwhelming. Many of the patients expressed relief at their escape from the rigors of dialysis. 19 references. (Author abstract modified)

**2. Abramson, Edward E., and Wunderlich, Richard A. Anxiety, fear, and eating: A test of the psychosomatic concept of obesity. *Journal of Abnormal Psychology*, 79(3):317-321, 1972.**

In view of psychosomatic theorizing about obesity that holds that overeating by obese individuals represents an attempt to cope with fear, anxiety, or other emotional disturbances, 33 obese and 33 normal weight male college students were subjected to control, interpersonal anxiety, or objective fear treatments. The ss then completed the multiple affect adjective check-list and took a digit span test. Food consumption was measured by having ss eat crackers for 15 minutes under the guise of making taste discriminations. Although there were indications that the experimental treatments had been successful in arousing anxiety for obese ss, no significant differences in cracker consumption were found. It was concluded that the results cast considerable doubt upon the tenability of the psychosomatic concept of obesity. 18 references. (Journal abstract modified)

**4. Adams, Wayne V. Strategy differences between reflective and impulsive children. *Child Development*, 43(3):1076-1080, 1972.**

Reflective and impulsive boys and girls of 6 and 8 years of age were administered a three-choice probability learning task. Strategies of guessing patterns were recorded. For the 6-year-old sample, analyses of the several possible task strategies substantiated the hypothesis that impulsive children would show more immature problem-solving strategies. This finding was not obtained with the 8-year-olds. 6 references. (Journal abstract)

5. **Aguilera, Donna C. Sociocultural factors: Barriers to therapeutic intervention. *Journal of Psychiatric Nursing,* 8(5):14-18, 1970.**

Traditional psychotherapeutic techniques have been developed from clinical observations of the behaviors, attitudes, and values of the middle-class culture. The problems of translating them effectively to meet the needs of other class cultures have been compounded by the fact that the majority of mental health professionals are themselves from the middle class. This situation has created persisting communication barriers in a treatment modality which emphasizes the need for clear intercommunication. This paper deals with the need for mental health professionals to be aware that there are sociocultural barriers to therapeutic intervention. Never has this been so important as in this current period of transition into community mental health programs where they will be expected to meet the needs of many cultural groups. Crisis intervention methodology is suggested as an effective technique of brief, inexpensive therapy that has been successfully utilized in community mental health programs. A case study is presented to demonstrate the technique as used successfully by a nurse therapist, and which indicates how, with greater understanding and knowledge, some ethnic and cultural barriers can be overcome and short-term, community level psychiatry made more effective. 5 references.

6. **Ahlstrom, Winton M., and Havighurst, Robert J. *400 Losers: Delinquent Boys in High School.* San Francisco: Jossey-Bass, 1971.**

A report is made of a study of 400 13- and 14-year-old inner-city seventh grade boys in Kansas City, Missouri, identified as socially and educationally maladjusted. An experimental group received special attention through half days of classroom work geared to their abilities and needs and half days of supervised work experience, while control group boys followed the regular school program. Findings failed to demonstrate that supervised work experience could be useful in materially reducing delinquency in such boys. By following the boys into their 18th or 19th year, however, the study made it possible to identify five different types of late adolescent adjustments: work adaptive, school adaptive, erratic, marginal, and seriously maladaptive subgroups. Areas studied in detail include the community, the family in childhood, elementary school, high school, work experience, family life in mid-adolescence, delinquency, sexual experience, and attitudes, values, and identity. Social and educational implications of the findings are discussed. 11 references.

7. **Aiken, Linda H. Systematic relaxation to reduce preoperative stress.** ***Canadian Nurse*** **(Ottawa), 68(6):38-42, 1972.**

The use of systematic relaxation as an alternative to preoperative teaching as an approach to helping patients cope more effectively with stress is reported. An evaluation of the technique's effectiveness in decreasing postoperative psychological reactions in open heart surgery patients is presented. Future research projects are suggested. 21 references.

9. **Ainsworth, Mary D.S., and Bell, Silvia M. Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation.** ***Child Development,*** **41(1):49-67, 1970.**

The concepts of attachment and attachment behavior are considered from an ethological-evolutionary viewpoint. Attachment behavior and exploration are viewed in balance, and the biological functions of each are discussed. As an illustration of these concepts, a study is reported of 56 white, middle-class infants, 49-51 weeks of age, in a strange situation. The presence of the mother was found to encourage exploratory behavior, her absence to depress exploration and to heighten attachment behaviors. In separation episodes, such behaviors as crying and search increased. In reunion episodes, proximity-seeking and contact-maintaining behaviors were heightened. In a substantial proportion of subjects, contact-resisting behaviors were also heightened in the reunion episodes, usually in conjunction with contact-maintaining behaviors, thus suggesting ambivalence. Some subjects also displayed proximity-avoiding behavior in relation to the mother in the reunion episodes. These findings are discussed in the context of relevant observational, clinical, and experimental studies of human and non-human primates, including studies of mother-child separation. In conclusion, it is urged that the concepts of attachment and attachment behavior be kept broad enough to comprehend the spectrum of the findings of this range of studies. 42 references. (Author abstract)

11. **Alexander, James. On courage.** ***Bulletin of the Philadelphia Association for Psychoanalysis,*** **19(1):16-27, 1969.**

An attempt is made to explicate courage within the framework of psychoanalytic psychology. Courage means, according to its French origin, a state of the heart. Courage is a way of dealing with fear and danger. It is an affective attitude toward danger made possible by the integration of the personality, in which the ego is energized by the id in a way that allows it to use all its powers of perception, logical reasoning, and adaptation to reality. The harnessing of the energies of the aggressive instinct in the id is achieved during the developmental years. One way this happens is through identification of parents with courage. This results in a conflict-free sphere of ego functioning. In group therapy, situations may depend on the libido economics of the group. If the distribution of libido energies is good, then neutralized aggressive drive energies produce courage in individual members. This results in reinforcement of group morale, which confirms the courage of the individual members. Group morale is shattered when positive libido investment is interfered with, releasing unneutralized aggression. The result is a collection of more or less hostile or unrelated individuals. 8 references.

**12. Alexander, James. Psychologie de l'amertume. [The psychology of bitterness.]** ***Revue Francaise de Psychanalyse,*** **25(4-5-6):945-958, 1961.**

Grief-centered bitterness must be regarded as an affective state in its own right, sometimes manifested as early as latency, but more often during adolescence, sometimes not becoming manifest as a dominant pattern of affectivity prior to adulthood or even advanced years. It is significantly more frequently encountered in men than in women, just as mordant bitterness is more frequently encountered in women. The inception of grief-centered bitterness presupposes differentiation of the id, ego, and superego, and appears to be closely associated with maternal rejection (without acted-out hostility) during nursing and in the course of weaning which is accomplished by ruse rather than force. Mordant bitterness, on the other hand, is a more primitive affect and associated with overt maternal rejection during nursing and in the course of forcible weaning at or about the time of beginning dentition. Grief-centered bitterness is, simultaneously, a protest against the inevitability of object loss, an abreactive behavioral pattern (attempting to catalyze some sort of adaptation to the reality principle as an alternative to phobic flight from acknowledgment of object loss or sadomasochistic affirmation and endless reaffirmation of the same), and a last desperate effort to force re-establishment of cathexis on the part of the object or its surrogate. If it is not quantitatively too intense, it can facilitate adaptation to reality. If it is quantitatively too intense for the ego to deal with it, it results in distortion of the ego structure and resultant disturbances of the normal expressions of both love and hate. 13 references.

**13. Alexander, James F. Defensive and supportive communications in normal and deviant families. *Journal of Consulting and Clinical Psychology,* 40(2):223-231, 1973.**

A study of defensive and supportive communications in normal and deviant families is reported. Twenty-two normal and 20 delinquent families were videotape recorded while performing discussion and resolution of differences tasks. The interaction data generally supported the hypotheses generated by systems theory and prior small-group research that abnormal families would express high rates of system disintegrating, that is, defensive communications, while normal families would express more system integrating, that is, supportive communications. Additional data supported the hypothesis that families operate as systems demonstrating reciprocity and feedback. Furthermore, differences in intensity and content of system functioning in the two groups provided information concerning the process through which some families adapt to stress and others disintegrate. 19 references. (Author abstract)

**14. Alexander, Theron. Motivation and cognitive development. In: Alexander, T., ed. *Children and Adolescents.* New York: Atherton, 1969. pp. 105-131.**

The interrelated processes of motivation and cognitive development, and their impact on a child's behavior, are discussed. Motivation provides reasons for behavior; cognition is the knowing aspect of behavior. The two, although separate processes, are closely interdependent in the child. Physiological factors influence motivation, and if a child is to learn about his environment and gain some degree of autonomy, he must be motivated to explore and question. Parents and peers can help the child in this development, as well as in areas of achievement motivation and social learning. Perceptual learning, concept formation, and problem solving are cognitive developments; parental use of rewards and sanctions can be crucial in these areas. Since there are no well-defined guidances, rewards and sanctions must be used with caution. 74 references.

**15. Allen, James R., and West, Louis J. Flight from violence: Hippies and the green rebellion. *American Journal of Psychiatry,* 125(3):364-370, 1968.**

Flight from violence is discussed with reference to the hippies and the green rebellion. Because of changes in age distribution, urbanization of the population, greater affluence, more insurance, better reporting, and the development of techniques which dip deeper into the reservoir of previously unreported crime, it is difficult to ascertain the extent of crime per unit population and the extent to which this changing. However, it is widely believed that violent crimes are increasing. In this climate, it is not surprising to see youth becoming more aggressive and competitive. In such a climate, too, an eventual reaction could be predicted. The hippies and the green rebellion fulfill that prediction. Green symbolizes their ingenuous ideals, their love of nature, and, of course, marihuana or "grass." Drugs play a crucial role in this rebellion. They provide a magic carpet to transport the pilgrims of the green rebellion in their flight from violence. The hippie way of life apparently evolves with the individual's passage through a series of stages: (1) dissatisfaction and frequently a sense of impotence in dealing with the world, usually symbolized by one's middle-class parents; (2) a search for meaning in the light of a good educational background and from an initial posture of financial security; (3) association with other searchers, some of whom seem to have discovered a way; and (4) turn on with drugs, tune in on the hip scene, and dropout from the competitive life of society. Marihuana is the glue that holds the green rebellion together. Chronic use of lysergic acid diethylamide and marihuana in large amounts leads to apathy, enervation, and psychological immobilization. This decrease in aggressiveness, competitiveness, and striving for usual goals has been usually interpreted medically in terms of passivity, avoidance, or even brain damage. 8 references.

**16. Allport, Gordon W. Personal conditions for growth. In: Allport, G., ed. *The Person in Psychology.* Boston: Beacon Press, 1968. pp. 121-183.**

The personal conditions for growth are explored in the person in psychology. Topics include: mental health therapies (particularistic and generic); generic attitudes; the role of the religious counselor; behavioral science; psychiatry, its merits and limitations; religious sentiment; sanity in a world society; values and youth; functional autonomy; crises in normal personality development; the nature of crises and crisis areas; apathy and anxiety; sex and family; and interpersonal conflicts. 36 references.

**17. Alyakrinskiy, B.S. Psychological factors of prolonged space flights. In: Tsiolkovsky, K.E., ed. *Transcription of First Lecture Dedicated to Development of Scientific Heritage.* Springfield, Va.: NTIS, N70-25662, 1970. pp. 98–105.**

The basic trends in research within the scope of space psychology are established by the features of the conditions of life and activity of man in space. Among these conditions, the most important significance accrues to: modified-increased, decreased, and zero-gravitation; the scarcity of sensory impression, or sensory deprivation, sensory inadequacy, or sometimes its unusualness and excess; isolated state and confinement in a small space; novelty and unexpectedness of situations in which the cosmonauts find themselves in various flight stages: the boredom and continuous contact between participants in the space flight; the appreciable and continually increasing separation of the cosmonauts from large human groups; the differing (as compared with the earth conditions) so called time cues, i.e., agents signalling the start of given periods of days, primarily work and rest periods; and finally, the unusual combinations and unusual intensities and duration of the effect of a number of factors also occurring under ordinary conditions of man's life (noise, vibration, radioactive radiation, temperature fluctuations, etc.). References. (Journal abstract)

**18. Ambinder, Walter J. Teaching child management techniques to foster parents: A pessimistic report. *Journal of School Health*, 39(4):257-261, 1969.**

The Detroit foster home project was established to demonstrate the utility of specialized foster family care for emotionally disturbed boys and to develop and apply techniques for training foster parents. The foster parents were selected for their potential for understanding basic dynamics of child behavior. Caseworkers visited each home at least once a week and part of their supervision consisted of teaching child management techniques. They wrote detailed reports of incidents relating to the parents' handling of crisis events. Records of 10 children were selected for study and 386 incidents were rated by psychologists according to the effectiveness of the techniques used, the nature of the communication involved, and the effect of the incident on the relationship between parents and child. In spite of extensive casework, the foster parents did not improve their coping techniques in a period of 1 to 2 years training. It is hypothesized that foster parents resist change and continue modes of dealing with children which stem from their own experiences and needs. It is possible that other educational techniques might have been effective. The sample may have been too small, the techniques for evaluation not sufficiently valid, or sensitive, or the caseworkers not skilled enough to produce change. This study does not suggest that foster care per se is ineffective. 2 references.

**19. Ambrose, Gordon. Hypnosis in the treatment of children. *American Journal of Clinical Hypnosis,* 11(1):1-5, 1968.**

A brief historical survey of the use of hypnotherapy in children is presented. Availability of knowledge and growth of literature on hypnosis in pediatrics is fairly recent. Techniques used by the author are outlined and discussed. Anxiety problems of childhood can be effectively treated through hypotherapy, considered the method of choice. Since it cannot endanger the health of the child, its worth should be fully explored also in psychosomatic illness. Considerable importance is placed on the child's own resources, the internal ability to explore its difficulties provided empathy is abundant in the therapy setting. 22 references.

**20. Gordon, Thomas. *On Being an Effective Parent.* (film) Washington, D.C.: American Personnel and Guidance Association, 16 mm Optical Color, 45 Min., 1973.**

The parent effectiveness training (PET) program, developed by Thomas Gordon, which applies basic counseling skills and human relations techniques to parent-child relationships, is demonstrated. PET provides a basis for promoting mutual understanding and communication. In the first reel, Dr. Gordon teaches parents the skill of active listening and how to accurately communicate their own concerns and needs. Role play demonstrations of effective and ineffective communication illustrate the concepts, followed by discussion of the dynamics and utility of PET. Reel two presents the no-lose method of conflict resolution as parents are taught how to reach solutions to conflicts which meet the needs of both parent and child, providing parents with constructive alternatives to authoritarianism or permissiveness. Role play demonstrations illustrate this method.

**21. Ammann, Rene. Die Beeinflussung von Testresultaten Durch Psychischen Druck. [The influence of psychological stress on test results.] *Schweizerische Zeitschrift fur Psychologie* (Bern), 29(4):471-491, 1970.**

The influence of psychological stress (lack of time, general strain of the testing situation, and altered instructions) on test results is investigated by means of a factorial design. The dependent variable is the average score on Meili's Analytical Intelligence Test. Sixty male and female students (age 15 to 16) serve as ss. Two additional independent variables are the type of school and the degree of test anxiety. The former includes differences in ability level as well as differences in the instructional setting (specialist vs. class teachers). The latter is based on a German language adaptation of the Alpert and Haber Test Anxiety Scales. The

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stressing test situation and the degree of test anxiety have a detrimental effect only in those ss of limited intellectual ability. Slight test anxiety may even improve the test scores of the below average ss in the absence of psychological stress. With one exception, the six subtests of the analytical intelligence test prove to be relatively stress resistant. Furthermore, the results are discussed in the context of the recent research on achievement motivation. 26 references. (Journal abstract modified)

**22. Ammon, Gunter. Auf dem Wege zu einer Psychotherapie der Schizophrenie I. [Toward a psychotherapy of schizophrenia I.] *Dynamische Psychiatrie* (Berlin), 4(1):9-28, 1971.**

Based on 20 years' experience in the treatment of schizophrenics, the author examines the problem of the psychotherapy of schizophrenia and proposes effective methods. Cases are presented to support the thesis that schizophrenia is a form of reaction to the traumatic experiences which the patient met in his early childhood, and that this reaction is accessible to the understanding and empathy of others and is reversible in the course of the therapeutic process. After a survey of the psychoanalytical literature, a short account is given of a concept of schizophrenic reaction: mental diseases can be represented as a spectrum of qualitatively different reactions ranging from slight disturbance to severe illness. The differences in degree and structure among pathological reactions correspond to the intensity and duration of the early disturbed mother-child relationship. In dealing with this mental disorder, stress is laid on the importance of group and milieu psychotherapy as giving various chances for an elastic treatment of schizophrenia. 53 references.

**24. Anderson, Barbara G. Stress and psychopathology among aged Americans: An inquiry into the perception of stress. *Southwestern Journal of Anthropology,* 20:190-217, 1964.**

The relationship between stress and psychopathology among aged Americans was investigated. The subjects were 127 survivors from an original sample of 534 males and females, 60 years of age and over, admitted to a psychiatric receiving ward. The major areas of stress included: death; physical experiences; psychological experiences, marital or domestic; and socioeconomic factors. The kinds of death events included: accidental; suicide; attempted suicide; facing death; and fear of death. The various types of physical experiences that were rated as being the "Hardest thing I've ever had to face" included: sickness, terminal and nonterminal; injury or disability; surgical experience; and childbirth. The types

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of psychological experiences included: hospitalization for mental illness; mental illness per se; and other (rejection by family, loneliness, etc.). The marital or domestic types of stress included: divorce; separation; infidelity; and incompatibility or conflict. The socioeconomic types of stress included: economic deprivation; war; crime or violence; and work or work-related problems. More stressful events were reported as having occurred in old age than any other time of life. Two groups were discernible in the responses to the question: "How did you feel about it?": a group characterized by a self-oriented pattern, and a minority that showed a focus on the stressful event itself. Reported immediate reactions to stressful events were overwhelmingly more self-oriented with respect to the experiences of old age than to those of any other time of life. If the subject reported taking any action at all in the face of old-age stressful happenings, he was much more likely to be motivated toward restoring equilibrium within himself than toward effecting any material change in the stressful circumstance itself. There was a difference between the psychogenics and the organic patients. 44 references.

**26. Andreasen, N.J.C., and Norris, A.S. Long-term adjustments and adaptation mechanisms in severely burned adults. *Journal of Nervous and Mental Disease*, 154:352-362, May 1972.**

The adjustment problems and coping mechanisms of 20 adults suffering from severe burns were studied from 1 to 5 years after initial hospitalization. A majority of the patients (70 percent) were found to be adjusting well, while 30 percent had mild or moderate problems. The adjustment problems that the burn patient faces after discharge take the form of a multifaceted identity crisis. He must adjust to changes in his physical appearance, his bodily strength, his capacity to work, and the responses of others to him. Most patients resolve this identity crisis by using a fairly consistent set of adaptive mechanisms that help them redefine their sense of identity on a nonphysical foundation, using increased family ties, greater emphasis on inner worth, religiosity, etc. Factors influencing adaptation include amount of deformity, degree of immaturity and narcissism, sex of the victim, ability to ventilate, and attitude toward covering scarred areas.

**27. Andrews, Orville Ernest, Jr. Development of vicarious emotional responsiveness in children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-15897 (HC, $10; MF, $4). 106 pp.**

The development of vicarious emotional responsiveness in children was investigated, hypothesizing that different types of inter-

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personal experiences are responsible for development of empathic and sadistic emotional responding. A classical conditioning explanation—which hypothesizes that the emotional reactions of others are conditioned stimuli, while the direct experience of pain and pleasure are unconditioned responses—was tested. In addition, it is suggested that major economic and social reward systems involve the events hypothesized to produce sadism or empathy. In several pilot studies, a child and adult played a game with either the cooperative or competitive reward structure, hypothesizing that children in the empathic cooperative condition should give more to the adult than those in the sadistic competitive condition. This was confirmed. Further refinements were then added to test the learning hypothesis, including a control condition to produce an intermediate amount of sharing and a generalized sharing measure. Results did not support predictions based upon the learning analysis that vicarious emotional reactions are not altogether innate, but learned. Sex differences were also noted, such as a tendency for children to share more with an opposite sexed adult recipient and less with a male adult authority figure (as compared with a female). (Journal abstract modified)

28. **Antonovsky, A.; Maoz, B.; Dowty, N.; and Wijsenbeek, H. Twenty-five years later: A limited study of the sequelae of the concentration camp experience. *Social Psychiatry* (Berlin), 6(4):186-193, 1971.**

A question is raised as to what extent maladaptation and malfunctioning characterize survivors of the extreme, prolonged trauma of the Nazi concentration camps, and to what extent successful adaptation is found among such persons. A study, which included Israeli women aged 45 to 54 of Central European birth and focused on problems of adaptation to climacterium, provided data relevant to the central question. The respondents constituted a representative sample of all women in a middle-sized Israeli city meeting the criteria of age and nativity. Of the 287 women in the sample, 77 had been in a Nazi concentration camp during World War II. The remaining 210 women were used as a control group. Adaptation was measured from several different points of view: menopausal symptomatology; the subjective sense of well-being; physical and emotional health status; and role satisfaction. The detailed data show camp survivors to be more poorly adjusted than the controls. Of greater import, however, is the fact that a considerable number of concentration camp survivors were found to be well adapted, despite the extreme trauma. It is suggested that this finding requires serious investigation. Three complementary explanations concerning the successful adaptation are proposed: an initial underlying strength; a subsequent environment which provided opportunities to reestablish a satisfying and meaningful existence; and a hardening process which allows the survivor to view current stresses with some equanimity. 21 references. (Author abstract)

**29. Anumonye, Amechi. Understanding African students in the United States. *Journal of the Medical Society of New Jersey*, 69(12):1017-1022, 1972.**

One hundred and fifty Nigerian students (predominantly in medical and allied fields) were studied for demographic data, psychosocial stresses, and adaptation (or social adjustment) in Edinburgh, Scotland. A comparison was made with findings by previous studies on Indian students and with Africans in the United States. The findings on these students illustrate factors associated with psychological stress overseas. These data will be useful for prevention and crisis intervention. It is hoped that findings on Nigerians can be meaningfully extended to most African students overseas. 5 references. (Author abstract)

**30. Arakawa, Tomoko; Taoka, Atsuko; and Koriyama, Hiroko. Behavior vicissitude of children from 5 to 6 years old in mental health examination—Observation on nursery school behavior. In: *Proceedings of the Osaka Prefectural Institute of Public Health* (Osaka, Japan), 7:14-18, 1969.**

A report on the relationship between the degree of separation anxiety of 3- and 5-year-old children and nursery school behavior of 6-year-olds is presented, based on 54 children. A significant correlation is found between children's behavior outside and inside the nursery room. Those children who approach friends and teachers positively have a good reputation among friends. A significant relationship is found between the degree of separation anxiety at 3 and 5 years of age and emotional stability and consistent behavior of the 6-year-olds. Those who did not have separation anxiety are positive and competitive in play and competitive games. However, those who had separation anxiety have a tendency to indulge in escapism, and those who cannot adapt to nursery school life are those who had emotional problems, separation anxiety, and family trouble. 5 references.

**32. Argles, Paul, and Mackenzie, Marion. Crisis intervention with a multi-problem family — A case study. *Journal of Child Psychology and Psychiatry*, 11(3):187-195, 1970.**

Crisis intervention in a multiproblem family is discussed, based on case study material of such a family which heretofore had been resistant to both community and clinic assistance. Multiproblem families can sometimes accept help during a period of crisis, even though they have resisted helping efforts in ordinary times. Certain characteristics in such families make it desirable to work within clearly defined limits to preserve their often uncertain sense of autonomy. Crisis work depends on a partnership between the mental health team and a community agency which has consistent contact with a large number of families and which is prepared to call in the team when crises occur. 22 references. (Author abstract modified)

**33. Arkoff, Abe. The meaning of adjustment. In: Arkoff, Abe, ed. *Adjustment and Mental Health*. New York: McGraw-Hill, 1968. pp. 3-33.**

Adjustment is defined as personal interaction with the environment. It means mutual bearing or influence. Environment is taken as everything external to the individual and in some relation to him. Using a 4-year-old polio victim and a typical 8-year-old girl as examples, difficult and simple adjustments are discussed. It is noted that about 100,000 words were needed to provide a full record of all that happened to the girl in a 14.5-hour waking period. Discussion of genetic and environmental influences on human behavior is simply given, with greatest emphasis on environmental factors. Environmental manipulation and personal adjustment are shown to be mutual. The need for continual adjustment is noted. Study of adjustment through motives, frustrations, conflicts, anxiety, defenses, and learning is considered. Means of evaluating and improving adjustment are briefly outlined. Important elements in family adjustment, school adjustment, college adjustment, vocational adjustment, and marriage adjustment are set forth. 29 references.

**34. Arkoff, Abe. Anxiety. In: Arkoff, Abe, ed. *Adjustment and Mental Health*. New York: McGraw-Hill, 1968. pp. 109-136.**

The nature of anxiety and its role in adjustment are set forth. Anxiety is defined as a state of arousal caused by a threat to well-being, though the existence of controversy over the term's definition is noted. The nature of stressors and stresses is discussed, and the mode of translation from stressor into stress is analyzed. Objective and nonobjective anxiety are differentiated. College students' expressed fears of 51 items are tabulated. Situational, general, acute, chronic, conscious, and unconscious anxiety forms are discussed. Approaches to the assessment of anxiety through affect expression, motor expression, and visceral expression (including autonomic, psychophysiologic, cardiovascular, gastrointestinal, respiratory, and skin reactions) are described. Descriptive and relational approaches to the study of anxiety are discussed and illustrated with case materials. The value of some anxiety in learning is noted. The need to identify the characteristic or general anxiety levels of individuals studied is stated. The role of task complexity in determination of the impairing effects of anxiety on performance is discussed. 50 references.

**35. Arlow, Jacob A. The only child. *Psychoanalytic Quarterly*, 41(4):507-536, 1972.**

Developmental conflicts in only children are discussed and case studies are presented. Attention is focused on conflicts relating to fantasy siblings and surrogate siblings. Since the absence of real siblings is the essential distinctive feature of the only child, one might expect that sibling conflicts would be especially significant. This does not imply, however, that only children inevitably show some form of psychopathology. In fact, the widely prevalent notion that the only child is a special type of person who is neurotic, self-centered, unable to tolerate frustration, noncompetitive, demanding, and hypochondriacal may well arise from the envy and hostility felt by those individuals who are struggling with intense sibling rivalry. 50 references.

**36. Arnott, Catherine C. Husbands' attitude and wives' commitment to employment. *Journal of Marriage and the Family*, 34(4):673-684, 1972.**

The study attempted to determine whether married women seek to make their role preference congruent with that of their husbands. The study also examined the effect of wives' attitude to autonomy for women on their expectations as to which partner should adjust when there is tension or conflict over her role. Secord and Backman's theory of interpersonal congruency provided the theoretical model for the research. The women surveyed covered a broad range in terms of commitment to employment and attitude to autonomy for women. The hypothesis that shared husband-wife role preference leads to role continuity or change, depending on whether this preference was for her present role or a different one, was strongly supported. The hypothesis that women with a liberal attitude to autonomy expect their husbands to make more adjustments and those with a conservative attitude expect to make more adjustments themselves was supported in general interaction but not when wives occupied roles in defiance of their husbands. Women with a moderate attitude toward autonomy evidenced more ambiguity over their roles than either the conservative or liberal women. 23 references. (Author abstract modified)

37. **Arnott, Catherine Cameron. Commitment and congruency in the role preference of married women: An interpersonal approach. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-23595 (HC, $10; MF, $4).**

Commitment and congruency in the role preference of married women were investigated to determine whether married women seek to make their role preference congruent with that of their husbands. The effect of wives' attitude toward autonomy for women on their expectations as to which partner should adjust when there is tension or conflict over her role was also examined. Secord and Backman's theory of interpersonal congruency provided the theoretical model. It was hypothesized that married women seek congruency between self-concept (in terms of commitment to employment), their role behavior, and the reaction of their husbands. It was also predicted that married women with a liberal attitude toward autonomy expect their husbands to make more adjustments and those with a conservative attitude expect to make more adjustments themselves. Five role categories were formed ranging from full-time homemaking to career taking precedence over marriage, and five autonomy score categories were formed which embraced the extreme conservatism of the "fascinating womanhood" group and the extreme liberalism of the new feminists. Women from 20 to 83 were represented, as were working, middle, and upper middle-class socioeconomic levels. The first hypothesis was strongly supported, while the second received partial support. (Journal abstract modified)

38. **Auerback, Alfred. Sex vs. the late late show. *Medical Aspects of Human Sexuality.* 4(1):33-38, 1970.**

In many American homes, watching late late television programs has become a substitute for sexual involvement: probably one of the functions of the late late TV program is to ease the coexistence of spouses who are bored with each other. Sexual avoidance by staying up is a common device to avoid sexual contact. For some people, sexual activity may be deferred to those nights when there are no good programs scheduled. Because so much time is consumed watching TV, there is little left over for prolonged lovemaking. Foreplay is brief, the sexual act over quickly, and frequently one partner will go to sleep while the other resumes watching TV. On one hand we find the TV functioning as an avoidance device; on the other hand it functions as a sexual

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stimulant, particularly in the adolescent population. TV commercials use the sexual idea in the most flagrant manner. In one city where TV viewing was interrupted for a prolonged period, the birth rate tripled compared to previous years. Without TV, sex had again become a frequent activity. 3 references.

**39. Aug, Robert G., and Bright, Thomas P. A study of wed and unwed motherhood in adolescents and young adults. *Journal of the American Academy of Child Psychiatry,* 9(4):577-594, 1970.**

Pregnancy in both married and unmarried girls in a university hospital obstetrical clinic is studied as the basis for a reexamination of certain widely held views on unwed motherhood. The clinic patients, although nearly all of low socioeconomic status, came from two subcultural groups, the rural white Appalachian and the more urban Negro of the Kentucky Bluegrass region. A group of married Appalachian girls had a history of family stability and warmth, with a high regard for infants. A history of premarital intercourse was rare. These individuals had a much closer relation with mates than girls in any of the other groups. A group of unwed girls, both Negro and white, seemed well adjusted to their environments. The white farm community condones children conceived or born out of wedlock if the couple plans to marry, but the Negro girls do not expect this and often consider themselves too young. A group of married and unmarried mothers who came from broken or unhappy homes showed disturbance of interpersonal relationships and ambivalent attitudes toward offspring. A fourth group, also with poor interpersonal relationships, suffered from an intense internalized conflict over middle-class norms. According to the subculture, illegitimate pregnancy is not a problem for many girls. Some seem to gain status by it and are psychologically ready to be mothers before they are ready to leave the family of origin and to become mates. 14 references.

**40. Ault, Ruth L. Problem-solving strategies of reflective, impulsive, fast-accurate, and slow-inaccurate children. *Child Development,* 44(2):259-266, 1973.**

Problem-solving strategies of reflective, impulsive, fast accurate, and slow inaccurate children were studied. First, third, and fifth grade ss classified as impulsive on the matching familiar figures test asked questions in a 20-questions game indicative of less mature cognitive strategies than ss classified as reflective and fast accurate. Younger reflective ss achieved scores on the 20-questions game equivalent to those of older impulsive ss, indicating equivalence on this cognitive development measure. Order-

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ing the array aided the production of constraint-seeking questions for first and third graders, but not for fifth graders. Reflective and impulsive ss were not differentially responsive to this manipulation, and no groups were aided by removing pictures from the array. The data suggest that ss in the same grade seek equally efficient information and appear to respond appropriately to information acquired in the 20-questions game. 17 references. (Author abstract modified)

**41. Ayabe, Harold I., and Santo, Susan. Conceptual tempo and the Oriental American. *Journal of Psychology*, 81:121-123, 1972.**

Conceptual tempo, a construct focusing on differential decision times in problem-solving situations of high response uncertainty, is tested in Oriental American children. Thirty second-graders of Japanese or Chinese extraction and 30 of other racial (Filipino, Hawaiian, Samoan, or Portuguese) extractions were randomly assigned to one of three matching familiar figures (Kagan's instrument for reflection-impulsivity) testing conditions: fast, slow, and control. It was hypothesized that the Japanese and Chinese traditional values of perseverance and reservedness would manifest themselves in the production of fewer errors and extended latencies. When the subjects were asked to go as fast as possible, Japanese- and Chinese-American children produced significantly fewer errors than the other racial group. This may be crucial in explaining the apparent better performance by the Japanese- and Chinese-American group in standardized exams. No other significant differences were found. 3 references. (Author abstract modified)

**42. Ayers, George E., and Mahan, Susan P. A sheltered workshop meets authentic needs of the chronically disabled in hospitals. *Journal of the American Hospital Association*, 41(19):103-108, 1967.**

Rehabilitation of chronically disabled patients through occupational therapy in the form of the sheltered workshop has fully demonstrated its value at the Highland View Hospital in Cleveland, where the program is now in its 11th year. It has numerous advantageous functions in meeting the authentic needs of physically and mentally disabled persons. Economically, such a sheltered workshop program must usually meet its costs with the aid of a community subsidy. This is necessary since its limited income will most likely not cover its relatively low production costs and also meet the expenses of whatever medical and social services may be required by patient needs. During the last 5 years of the program, the average age of participating patients has dropped due to: community acceptance of the hospital as a rehabilitating center rather than a collecting point for problem patients; improved referrals since other area hospitals are adopting the rehabilitation philosophy; and more community nursing homes and home services for the older patient who was difficult to place previously. Not only does the patient have the opportunity to improve his motor skills and perhaps also acquire job potential, but he also has a chance to strengthen his social relationships, build up his own self-esteem, reduce feelings of inferiority or anxiety, and achieve a satisfactory personal adjustment through work satisfaction and creativity. A supportive program of sub-contracts has also proved beneficial by offering a continuous flow of jobs with a wide range of work skills required. These subcontracts vary with the needs and abilities of the patients participating. Prevocational evaluation on a monthly basis provides a good check of patient rehabilitation progress and also aids in followup of those just recently discharged. Because the sheltered workshop facility was physically apart from the main hospital, an interim shop was set up in the occupational therapy department for the handicapped who were not ambulatory. Even after extensive remodeling of the main facilities, the interim shop proved so successful for borderline or questionable patients that it has been retained. 5 references.

**43. Bacon, Hugh M. Psychiatric aspects of therapeutic abortion. *Canada's Mental Health* (Ottawa), 17(1):18-21, 1969.**

A review is presented of legal, ethical, religious, economic, social, medical, and psychological considerations with respect to abortion. Included is a report of followup interviews with 9 of 20 women undergoing therapeutic abortions on psychiatric grounds, including serious risk of self-injury, severe depression, and incapability of being adequate mothers if the child should be born. All were white, Protestant, aged 30 to 40 years, and possessed high school educations. Several attributed their state of mind and desire for abortion to the felt inability to cope with more children; two feared malformation of the child as a consequence of rubella during the first trimester; three were emotionally highly unstable and impulsive; and one was a victim of rape. Only three of nine experienced (transient) feelings of guilt and depression following the abortion; five experienced considerable relief of anxiety and other symptoms. Considerable improvement of marital relationships was reported by two of four patients with severe marital problems which had been aggravated by the pregnancy; one of four went on to separation and divorce. Although six of nine were sterilized at the time of abortion, only one expressed (mild) regret at not being able to have more children. The report concludes that the termination of pregnancy appears to relieve the psychiatric states initiated or exacerbated by the pregnancy and that in no case did severe psychiatric illness result from such termination. 4 references.

**44. Bagley, C. Social prejudice and the adjustment of people with epilepsy. *Epilepsia* (Amsterdam), 13:33-45, 1972.**

Social prejudice against people with epilepsy and the adjustment of the epileptic person are reported. Topics included: prejudice in medical authorities; theories of prejudice; testing of the prejudice hypothesis including attitudes toward employing the handicapped, spastics, and epileptics, attitudes toward minority groups, and attitudes toward social acceptance of mentally ill, spastics, and epileptics; and the effects of prejudice. The results show that: (1) Social rejection of people with epilepsy appears to be widespread and includes some members of the medical profession as well as the general public. (2) There is much less prejudice against people with cerebral palsy, a chronic and easily predictable loss of motor control. Prejudice against epilepsy may be akin to racial prejudice which involves a fear of the unknown and unpredictable. People with epilepsy are seen in hostile terms which are as great as, or greater than, those in which ethnic minorities are viewed. (3) Analysis of a social distance measure indicated that people with epilepsy are significantly more often rejected than the mentally ill. (4) Widespread social rejection of people with epilepsy may well be largely responsible for the increased prevalence of behavior disorders seen in this population. (5) A program of public education about epilepsy, similar to that carried out in America, is advocated for Britain. 36 references. (Author abstract modified)

**45. Baldwin, Katharine A. Crisis-focused casework in a child guidance clinic. *Social Casework,* 49(1):28-34, 1968.**

While a person is attempting to cope with a recently developed stress, he is strongly motivated to use help; consequently, an opportunity for therapeutic intervention is provided. Timely intervention may prevent further regression and the disruption of personal relationships evidenced in maladaptive responses, psychological disequilibrium, or conversion into somatic symptoms. Three cases are presented to illustrate the activity of a caseworker in relation to parents who sought help with a child at a time of family stress. Methods of intervention are described, including rapid delineation of the sources of stress, focus on the stressful situation, and, when indicated, an unlinking of the present problem from unresolved

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conflicts in the individual's past. When the client is helped to discharge tension appropriately, adaptive coping mechanisms are strengthened, and frequently the child is freed from being the object of displacement.

**46. Balla, John I. The rehabilitation of epileptics.** ***Medical Journal of Australia*** **(Sydney), 1-55(10):386-389, 1968.**

In a 3-year study, 82 epileptics were examined. Followup studies, ranging from 3 months to 3 years, were conducted for 75 patients by means of personal interviews, doctors' letters, or communication with relatives. At the time of the followup study (1) 18 of 30 patients discharged to outside employment were still employed; (2) 17 of 20 subjects discharged to sheltered workshops remained there; (3) 5 patients left in the center were transferred to sheltered workshops; (4) 2 of the 18 patients discharged from the home found outside employment; and (5) 8 patients discharged to psychiatric institutions remained there. Brief cases were presented to illustrate (1) the importance of adjusting medication to enable work; (2) the value of helping subjects attain independence by removing them from their home environment; and (3) typical problems faced by the more severely affected subjects. Problems included adequate accommodation facilities and the employer's resistance to hiring epileptics. It was suggested that failures in rehabilitation were largely due to psychiatric disturbances and social and emotional maladjustments, in combination with mental retardation. Future needs included more sheltered workshops, more hostel accommodations, and studies of the etiology of personality disturbances in order to find effective means of prevention.

**47. Balson, Paul M. The use of behavior therapy techniques in crisis-intervention: A case report.** ***Journal of Behavior Therapy and Experimental Psychiatry,*** **2(4):297-300, 1971.**

A case report is presented of the use of behavior therapy techniques in crisis intervention. The s had an acute onset of stuttering and massive free-floating anxiety following an automobile accident. A variety of behavioral techniques, including relaxation training, assertive training, graded rehearsal, and modification of behavioral operants were employed, with the complete eradication of the symptoms in five 50-minute sessions. 13 references. (Author abstract modified)

**48. Bard, Morton. Family intervention police teams as a community mental health resource.** ***Journal of Criminal Law, Criminology and Police Science,*** **60(2):247-250, 1969.**

The Psychological Center of the City College in New York has developed an innovative approach and program to help meet mental health problems of the community by utilizing police teams in family intervention. The program provides for: (1) a crime prevention technique which could be coupled with improving police-community relations; (2) an immediately responsive mental health service; (3) a community consultive educational experience for graduate students; and (4) research opportunities of atypical dimensions in the community. Eighteen patrolmen (9 black and 9 white) were selected from among 45 volunteers on the basis of interviews. They received intensive training involving group discussion, film sessions, and practical learning experiences through specially written and professionally performed family dispute situations. The family intervention unit is on duty 24 hours a day with no special compensation, and the men appear on campus each week in regularly assigned groups of six for individual consultation and group discussions led by professionals. The model of training police as specialists in family crisis intervention while maintaining their basic identities as working policemen holds promise of wider application than in family disturbances alone. In addition to the obvious advantages of bringing realistic police services to the community, the program demonstrates that the applications of sound psychological principles may increase the policeman's effectiveness and his own personal safety. (Author abstract modified)

49. **Bard, Morton, and Zacker, Joseph. The prevention of family violence: Dilemmas of community intervention. *Journal of Marriage and the Family*, 33(4):677-682, 1971.**

The problems involved in community intervention for the prevention of family violence are examined. It is noted that current emphasis upon innovative helping strategies often fails to consider serious moral, ethical, and legal questions that restrict the adoption and extension of helping services. The more innovative and successful community intervention may be, the more it may conflict with society's values and ideals. Experiences in a successful program in police family crisis intervention were used to highlight several dilemmas. Policemen participated in training experiences intended to provide them with interpersonal skills necessary to constructively affect deteriorating family situations. Instances arose in which profound dilemmas made these officers helpless to prevent what they recognized as impending violence. 15 references. (Journal abstract)

50. **Barnes, Corinne M.; Kenny, Frederic M.; Call, Thomas; and Reinhart, John B. Measurement in management of anxiety in children for open heart surgery. *Pediatrics*, 49(2): 250-259, 1972.**

A study of neuroendocrine and behavioral response to psychological stress of 11 children having heart surgery was initiated. An attempt was made to learn if more overtly anxious children would respond differently during hospitalization and surgery than those who appeared to have better emotional control. All children in the study survived the surgery. The study suggests that prognosis is greatly related to the coping capacity of a child and his family to stress; that prognoses can be predicted if adequate assessments can be made; and that as more precise methods for evaluation of the neuroendocrine response become available, it will be useful to employ them to explore the complicated relationship between the central nervous system and the endocrine organs in relation to children under stress. No difference was found between values for overtly excessively anxious children versus their less anxious counterparts on specific days, or when pooled in-hospital values were contrasted. 11 references. (Author abstract modified)

**51. Barr, Reuben. "Help houses" better than doctors for troubled kids? *Hospital Physician,* 7(3):63-66, 81-95, 1971.**

Number Nine, a crisis center for troubled young people, is one of the many "help houses" that are currently springing up in response to a need for sympathy and understanding of today's teenagers. The volunteer and full-time staff offer counseling and therapy to individuals, groups, and families at any time without charge and without any inquiries. The counseling may deal with where to get medical, psychiatric, social, or legal help, or may only be in the form of listening to someone's troubles. When necessary, the staffers go out to the troubled person's home to help out in a crisis (drug reaction, family conflict, etc.). Some of the "help houses" run a house which serves as staffers' residence and doubles as a temporary home for young people in trouble. Funds for these houses are provided by churches or foundations. The people running Number Nine, though not professionally qualified as therapists, are described as having had a great deal of experience in dealing with youth organizations. Their criticism of the doctor-patient relationship is that the doctor makes self-help impossible for the individual, whereas the "help houses" encourage self-help. An example of the treatment of a 16-year-old girl who had attempted suicide by taking LSD is presented as an extreme case. This treatment is compared with what one might expect of hospital treatment. A psychiatrist is questioned as to his opinion of the case and its treatment, as well as his reaction to the setup of these houses.

**52. Barratt, Ernest S. *Impulse Control and Anxiety Related to Social Adjustment and Academic Achievement Among High School Males.* Springfield, Va., NTIS, AD-715480, 1967.**

The purpose of the study was to answer the question: Do impulsiveness and anxiety relate to social adjustment and academic achievement among high school males when socioeconomic status, intelligence, need for achievement, and study habits are held constant? (Journal abstract)

**53. Bartell, Gilbert D. Group sex among the mid-Americans. *Journal of Sex Research*, 6(2):113-130, 1970.**

Data were collected from a sample of midwestern and southwestern white, suburban and exurban couples and single individuals engaged in group sexual relations (swinging). The informants were generally characterized as typically representative of white, middle-class suburbia. They represented an attempt to act out an idealized image of the "cult of youth," rather than an attempt to be innovative. The most consistent findings in these couples was boredom with marriage and a desire for the excitement of breaking cultural taboos and legal codes. A negative aspect of "swinging" was the participants' inability to live up to their own psychosexual myths and self-deceptions. It was observed that most personal activities among swingers reflected a mechanical interaction rather than a personal intimate relationship. 1 reference.

**54. Bartemeier, Leo. The contribution of the father to the mental health of the family. *Child and Family*, 9(3):202-207, 1970.**

The father's role in the mental health of his family is discussed. The father's influence on a child both directly and through his relationship with the child's mother is considered. The role the individual's childhood, especially the masculine development of his personality, plays in the development of effective parental attitudes is detailed, and the importance of gaining an understanding of early conflicts and hostilities (e.g., sibling rivalry) is stressed.

**55. Barton, David. Answers to questions on psychiatric emergencies. *Hospital Medicine*, 6(7):71-81, 1970.**

Thirty-two questions on psychiatric emergencies are answered with instructions for coping with these situations. A psychiatric emergency is any self-threatening or environmentally threatening behavioral or emotional response occurring in an overwhelmingly stressful situation which taxes the patient's adaptive abilities beyond his capacity. Questions concern: suicide attempts; coping with a patient in need of psychiatric hospitalization; treating patients with problems of alcoholism or drug abuse; handling the adolescent; handling the patient with acute schizophrenic illness; managing assaultive behavior; treating individuals with acute or

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chronic brain syndromes; anticipating psychological side-effects of modern treatment units such as intensive care and coronary care; and possible psychological effects of surgery or a hospital stay. The need for stability on the part of the person caring for patients in psychiatric emergencies is emphasized. 11 references.

**56. Battegay, Raymond. *Angst und Sein [Anxiety and Existence.]* Stuttgart: Hippokrates, 1970.**

An attempt is made to fit anxiety into the existential concept. Initially, all anxiety is object related and does not always denote illness. Anxiety belongs to the phenomenon of illness only when it either injures or threatens human life. Anxiety in man indicates the permanent closeness of death and incites man to fulfill himself during his lifetime. Anxiety regarding isolation is the main factor in the formation of society; anxiety which relates to taking on responsibility is rooted in the danger of absolute obedience. However, if anxiety and guilt are resisted or overrated, there is a danger of neurotic development. The consequence of overrating guilt feelings can lead to suicide or to conversion symptoms. The rank order of the community is fixed through aggression, and even group formation is a product of anxiety and aggression. Anxiety-free aggression becomes destructive. Man must learn to cope with a certain amount of anxiety since it constitutes a driving force for further development. If an individual or a group, for no reason and from unknown motivation, tries to block anxiety, it then becomes a phenomenon of illness. Transitory abnormal anxiety reactions also occur in healthy individuals. Existential anxiety is described as a regulator between the individual and group events. In the group man can transform his anxiety into social value.

**57. Bauman, Milton J., and Straughan, James H. BSR as a function of anxiety, stress and sex. *Psychological Record,* 19(2):339-344, 1969.**

This study attempted to find the relationship between the Institute for Personality and Ability Testing (IPAT) anxiety scale scores, sex of the subject, and base skin resistance (BSR) during stress and nonstress situations. The subjects, 60 college students scoring in the upper 15th, middle 15th, and lower 15th percentiles on the IPAT anxiety scale were tested during adaptation, shock-induced stress, and final rest conditions. The results showed no relationship between IPAT anxiety scale scores and BSR. There was a significant difference in BSR during experimental conditions, and females had a significantly higher BSR than did males. It was concluded that stress induces an anxiety response that is measurable by BSR, but that the BSR measure is unrelated to

IPAT anxiety scale scores. Although there was a sex difference, it cannot be determined if it was the result of anxiety or a general sex difference in skin resistance. 12 references. (Author abstract)

58. **Baumback, Janice Sheldon. Today's adolescent and his family: Conflict, stress and crisis. *Iowa Journal of Social Work*, 4(2):43-50, 1971.**

The conflict, stress, and crisis which today's adolescent and his family face are examined. Adolescence by its very nature causes family conflict, and conflict places family relationships under stress. Adaptation must take place if a new steady state is to be achieved. Problems which can cause stress concern sexual identity, independence, vocational direction, social activity, and counterculture lifestyles. Only by mobilizing problem-solving activity by the individual, the family, and the community can crisis be avoided. In a rapidly changing society, adolescent family crisis should be viewed as a challenge which will lead to purposive problem-solving activity. As an adolescent seeks his identity, productive communication can help the family system achieve homeostasis. Communication of the right sort should lead to family cohesiveness which allows a mature youth to love his parents as an expression of adulthood, not dependency, and where the parents love their child as an expression of their admiration for him as an autonomous adult. 20 references.

60. **Bayton, James A. Urban tensions and crises; city programs. In: Bayton, J., ed. *Tension in the Cities: Three Programs for Survival.* Philadelphia: Chilton, 1969. pp. 1-33.**

City programs established to prevent and cope with urban tensions and crises that are essentially racial in nature are described. In recognition of the extent and seriousness of the problems producing urban unrest and tension, particularly among relatively large numbers of citizens who live in inadequate circumstances, many cities have developed formal programs within the existing governmental structure. Urban tensions which in the past have erupted into violence are the responsibility of city government, and reasons why cities will probably have to assume even more responsibility for future corrective programs are discussed. Three critical issues are raised in approaching the evaluation of these city programs: (1) relevance, or the extent to which the programs are directed toward tension-causing problems; (2) effort, or the energy level brought to bear on the problems attacked; and (3) impact, or effectiveness of the program. Short and long term trends in the cities, particularly with regard to Negro populations and black ghettos, are presented and supporting statistical data are tabulated.

**61. Beaudichon, Janine. Nature and instrumental function of private speech in problem solving situations. *Merrill-Palmer Quarterly of Behavior and Development,* 19(2): 117-132, 1973.**

The genetic characteristics and the instrumental function of private language were studied with particular attention to the influence of age, the difficulty of the problem to be solved, and the effects of the instructions. The s population consisted of boys and girls of two age groups: group A with 34 ss 5.5 to 6 years old and group B with 44 ss 7.5 to 8 years old. The children were asked, one by one, to solve a series of problems within a set maximum time limit T; they did not know they were observed and they worked alone. The results showed: a decrease in the number of utterances produced as a function of age only when the problems to be solved were complex; a qualitative change in verbal activity as a function of age; a direct relationship between task difficulty and number of utterances only at age 5, while at age 7 only a tendency in this direction remained; a relationship between the nature of utterances produced and performance level; and capability of the child to control and modify his verbal production as a function of the instructions given. It is suggested that as the perceptual schemes become organized during the course of an individual's development, he becomes increasingly capable of resolving difficult situations without resorting to verbal symbols. 23 references.

**62. Beck, Aaron T. Involutional psychotic reaction. In: *Depression: Clinical, Experimental, and Theoretical Aspects.* New York: Harper and Row, 1967, pp. 100-107.**

The concept of involutional psychotic reaction and the five criteria specified for the condition in the American Psychiatric Association Diagnostic Manual are criticized. A brief history of the concept is given, with references to Kraepelin, Thalbitzer, Dreyfus, Kirby, Hoch and MacCurdy, Cheney, and Gillespie. The controversy over separate classification of this condition is outlined. The etiology of depressions in the involutional period is not established. Age range for involutional depression is a matter of controversy. The symptoms of involutional depression are like those of an agitated depression, and data on the age of onset of agitated depression give no significant support to the notion that it is more prevalent during the climacterium. The possibility that agitation, with or without depression, is a widespread characteristic of the involutional age period is said to merit further study. Clear-cut evidence for or against the existence of a premorbid personality for involutional psychotic reaction, if such a condition exists, is lacking.

**63. Beck, Helen. Pressure in the nursery. *Children Today,* 1(5):20-24, 1972.**

Some current trends in early childhood education and in handling of young children are explored with respect to the tendency to push cognitive learning and mechanical memory training among younger age groups and the effect this tendency is likely to have on the development of young children. It is suggested that pressure for early acquisition of academics may assuage adult anxieties about time passing, but it deprives children of appropriate activities, unhurried time for affect development, and opportunities for real learning. Thus, it depletes the life of the young child and fosters the same kind of anxieties in the young which the adult tries to calm in himself. It is argued that rote learning does not arouse curiosity and memorization does not lead to understanding in the very young child. Television is viewed as one of the primary means of pressure for academic, cognitive, and memory training over all ages and all economic groups. The program Sesame Street is especially criticized because of its choppy, fragmented presentation of material and its jumpiness of segments which do not encourage the development of attention span in children. It is suggested that children be permitted to be children at the right chronological age, instead of being pressured into growing up fast. Recommendations are made for involving parents in the education of their preschool children. 2 references.

**64. Bedworth, Albert E., and D'Elia, Joseph A. Guidelines for programs in drug education. *Journal of Drug Education,* 1(1):1-4, 1971.**

Drug use and abuse to the point of dependency has increased to an alarming extent among children and youth. There has been an increase in the incidences of disease, death, behavioral disturbances, and illegal acts associated with drug abuse. The solution to this problem involves the whole community; each person should become adequately informed about drugs. Some of the factors associated with the problem include misinformation, lack of education on the subject, and social pressures by the adolescent's environment. Furthermore, the drugs are available. Drug education programs need to emphasize the psychosocial influences related to drug abuse and should be geared to the student's needs. It is important for the adolescent to be accepted by his peers, and discussion groups working together at problem solving may be a good approach to drug education. Teachers and parents should learn more about drugs, the former taking special training courses. Drug education should include discussion of the beneficial uses of drugs as well as the harmful effects, the kind of accomplishments and activities that are open to people who are not given to drug abuse, and the value of making one's own decisions on an objective basis.

**65. Behrle, Frederick J. Problem solving behavior of teenagers: An indicator for classroom management. *American Journal of Orthopsychiatry*, 42(2):305-306, 1972.**

A paper presented at the 49th Annual Meeting of the American Orthopsychiatric Association is summarized, providing a description of problem-solving behavior of teenagers as an indicator for classroom management. A survey probed high school students' approach to provocative situations, focusing on disruptive patterns. Ss were asked about solutions to common dilemmas involving threats to identity, adult inconsistencies, and peer and adult alienation. The overall picture of problem-solving schemes did not relate to teacher- and self-descriptions, but all measures showed young men as more disruptive than young women. Depending on urbanization or age, students tended to react differently to certain situations. Despite a need for further characterization of the nature of disruption, the survey does afford insight into the classroom approach to disruption itself. The study suggests that disruptive episodes are likely to continue, particularly if matters are ignored. Management is discussed in terms of how students may justify or be apathetic about disruption as well as what role attention seeking, punishment, and timing play in disruption. (Journal abstract modified)

**66. Beigel, Allan, and Feder, Samuel L. Patterns of utilization in partial hospitalization. *American Journal of Psychiatry*, 126(9):1267-1274, 1970.**

Observations on patients admitted to a partial hospital over a 1-year period suggest the importance of developing two types of partial hospital programs. The day hospital would provide short term, intensive treatment designed as crisis intervention for the acute patient. The day care center would provide long term treatment with an emphasis on social and vocational rehabilitation for the chronic patient. The availability of these two programs might significantly broaden the range of patients who could be effectively cared for in a partial hospital. Criteria commonly used for determining suitability for admission to partial hospitals, such as diagnosis, prior hospitalization, family involvement, and suicidal ideation, are not significant in evaluating the patient's chance of complete or incomplete utilization of the partial hospital. The significant criterion is the acuteness or chronicity of the clinical state at the time the patient seeks help. 17 references. (Author abstract)

**67. Beiser, Morton. Primary prevention of mental illness: General vs. specific approaches. In: Roberts, C., ed. *Primary Prevention of Psychiatric Disorders*. Toronto: University of Toronto Press, 1968. pp. 84-97.**

The specific approach to prevention of psychiatric disorders attacks discrete problems such as mental retardation and schizophrenia. These conditions fit the disease model closely, the problem is more clearly conceptualized, and it is easier to study etiology, to map out programs of prevention, and to evaluate results. Preventive psychiatry involves control of the psychological environment, control of the physical environment, and crisis intervention. Community social organization and the promotion and adequate utilization of medical services are important in a general approach to prevention of psychiatric disorders. 11 references.

**68. Belenky, Robert. An inner city child guidance program. In: *Fragments of a Lesson Plan*. Boston: Beacon Press, 1971.**

An inner-city child guidance program which reached out to encompass the family and the community is described. The goal of the Mission Hill program in Massachusetts was to develop a viable model for guidance counselors, school social workers, school psychologists, and other mental health practitioners who work in urban schools with the intent of dealing with guidance problems on a social-psychological rather than an intrapsychic level. A crucial element in the center's success was the mothers, who were taught to become educators and be involved intimately with the dynamics of educating the preschooler and the preteen. Consideration is also given to a companion project, a satellite center with a problem-solving clinic where both the adolescent and parent were urged to come to discuss problems and receive reality help or emotional support. A proposal for a comprehensive youth program is set forth which would encompass three components: (1) drop-in centers geared toward therapy, learning, employment, and recreation; (2) problem-solving discussion groups which can evolve into drop-in centers; and (3) a summer place.

**69. Bell, Janice M. Stressful life events and coping methods in mental-illness and -wellness behaviors. *Nursing Research*, 26(2):136-141, 1977.**

The relationship between stressful life events and mental illness and mental wellness behaviors and the coping methods used by individuals exhibiting each behavior were examined in a comparative study. Data collection included the use of the Holmes and Rahe Social Readjustment Rating Scale and an 18-item coping scale administered to experimental and control samples. The experimental group consisted of 30 psychiatric inpatients in 3 general hospitals who were oriented in 3 spheres. Control group subjects had no history of psychiatric illness, were currently not receiving medical treatment, and were adequately functioning in socially accepted roles. The experimental group reported that significantly more stressful life events had occurred in the last 6 months and significantly more short term than long term coping methods had been used when compared with the control group. Sex and age differences were noted. A significant association was found between high stress scores and short term coping methods for subjects in both groups. It is concluded that the concept of change as it relates to stress and its effect on health should be an important consideration for health care professionals whose goals are health maintenance and illness prevention. 41 references. (Author abstract modified)

**70. Bell, Richard Q. "Concepts and Strategy in an Ongoing Longitudinal Study of Adaptations in Early Marriage, Infancy, and the Preschool Period." Unpublished paper, National Institute of Mental Health, Bethesda, Maryland.**

Adaptation and stress in the course of normal developmental processes are being studied for the marriage system, parents, and children in six transition periods from the newlywed phase to preschool age for the first born. Data gathering is not complete but preliminary findings from pilot studies of limited time segments indicate that events in three of the preceding transitions affect at least some adaptations in subsequent transitions. 27 references. (Author abstract)

**71. Belsky, Muriel B. The relationship of mother-child interaction to dependency behavior in first graders. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-16045 (HC, $10; MF, $4).**

Patterns of mother-child interactions in a problem-solving situation were observed and the dependency behavior of the child in school was examined. Data were gathered via observation and a puzzle task selected to elicit dependency interactions, and teacher ratings. It was found that initiation of dependency in the mother-child interaction situation had no relationship to school dependency behavior. Boys with mothers who accepted their dependency by helping them were more dependent in school, while mothers' ignoring or rejecting scores were not related to school dependency behavior. Girls with mothers who ignored dependency initiation were less dependent in school, while mothers' high accepting or rejecting scores had no effect on girls' dependent behavior. The child had a definite effect on mothers' behavior within the interaction process. Children who accepted rather than rejected or ignored mothers' dependency overtures had mothers who initiated more. When a task was introduced when mothers were busy, they were more likely to perform it for sons and to ignore daughters. (Journal abstract modified)

**72. Bem, Sandra L. The role of comprehension in children's problem solving. *Developmental Psychology*, 2(3):351-358, 1970.**

An exploration is conducted into the reasons for failure of children younger than 5 years to solve a variety of problems—specifically, the failure of the child to comprehend the nature of the problem, to achieve an adequate representation of the problem's end state (problem as solved). Eight middle-class nursery school subjects were tested to examine the validity of theoretical explanations for failure. Evidence supports the position that providing children with end-state representations enables them to solve problems previously failed. Additional experiments evaluated competing hypotheses concerning the actual problem-solving strategies employed. It is suggested that at least one training procedure previously interpreted as facilitating production or mediation may be reinterpreted as serving the more primitive instructional function of structuring the child's symbolic representation of the problem. 11 references. (Journal abstract modified)

**73. Benn, Sherry. Groundless apprehension: Overcoming fear of flight. *World Medicine* (London), 6(23):17-19, 1971.**

The nature of flight phobia is discussed and methods for overcoming such apprehension are suggested. It is seen through case material that most people cannot trace such fear to any incident, and that possible physiological causes must be considered. While the causes of the phobia remain unknown, the uncontrollable psychological or physiological symptoms are well defined. One therapist has adopted a treatment procedure in which the patient is taught to cope with each step in a hierarchical list of anxiety-producing situations that he prepared from his flying experiences. Key aspects of the therapy include instructing the patient in the basic mechanics of flight, teaching the patient to relax unconsciously with each step in the list, and applying a final test of the results by encouraging the patient to take a short plane trip. It is concluded that with motivation and education, as well as desensitization, flight phobia can be successfully treated.

**74. Bennett, A. E. Recognizing the potential suicide. *Geriatrics*, 22(5):175-181, 1967.**

Suicide is not produced by external factors; only internal impulses—an inability to cope with external realities—lead to suicide. Many who attempt suicide do not really contemplate death; they simply seek emotional relief. Among this group are those who wish to call attention to themselves or to obtain love through force. Depressive mental illness is nearly always a cause of suicide. Thus, the physician has a great responsibility to recognize and to evaluate the seriousness of all depressive states. If the risk is considered great, the physician must insist on hospitalization. Clues which may point to suicide and which should be watched for include: previous attempts at suicide; depression marked by somatic complaints, evidenced by mood changes, resulting from premature discharge from the hospital or precipitated by drugs or alcohol; sudden recovery from depression; endogenous depression with delusions and hallucinations; barbiturate addiction; hysteria and suggestibility; identification with a deceased person; chronic partial suicide or progressive self-destruction. Elderly persons present special problems; any indication of depression must be recognized and the condition treated. Physicians and hospitals must seek to prevent suicide by recognizing and treating potential candidates; police should be instructed in the handling of suicide attempts; and communities must be educated about suicide and must seek to prevent its occurrence. 6 references.

**75. Benson, Robert A. Coping with mental stress: Most of the people . . . most of the time. *Mental Hygiene,* 60(1):10-13, 1976.**

A definition of mental health is considered in terms of the activities and attitudes of a majority. The handling of stress by the individual is examined as a criterion for determining the weaknesses and limitations of an individual, in terms of both acute and chronic stress. Coping techniques which are consciously or unconsciously used in dealing with stressful situations are described. The interaction of individuals in dealing with stress is discussed in terms of helpful techniques to allow expression of anxiety and realistic means of coping with it. Specific recommendations are made for helping another individual cope with stress: Help the person confront crisis; help find facts about the crisis; don't give false reassurance; don't encourage blaming others for the crisis; encourage accepting help during the crisis; and help with ordinary tasks during the crisis.

**76. Berger, J., and Stojiljkovic, S. Comparative analysis of psychosomatic development of children of alcoholic and nonalcoholic parents in two different areas. In: *International Congress of Social Psychiatry: Summaries Vol. 1.* (Zagreb, September 21-27, 1970).**

Research comprising a comparative analysis of the psychosomatic development of children of alcoholic and nonalcoholic parents in two locations in Siberia is reported. From the two localities a sample of 100 children of both sexes was selected from families in which at least 1 of the parents was an alcoholic, and 100 children were selected from families in which neither parent was an alcoholic. Research hypotheses were that children of alcoholic parents (CAP) lag in intellectual development, that they are more anxious, and that they differ from other children in selection of identification idols. An additional hypothesis was that differences is socioeconomic conditions affect the occurrence of psychological deficiencies. The obtained results did not confirm the existence of higher anxiety among CAP children. It was found, however, that the CAP differ from other children their same age in respect to strength of the id. This led to a conclusion that the CAP are not inclined to stifle anxiety in themselves, but they are inclined to react impulsively and, very likely, to have difficulties in postponing gratification and in planning for the future. On the whole, the CAP establish fewer empathic emotional links with the members of their families.

**77. Bergmann, Thesi, and Wolfe, Sidney. Observations of the reactions of healthy children to their chronically ill siblings. *Bulletin of the Philadelphia Association for Psychoanalysis,* 21(3):145-161, 1971.**

A pilot study to determine the effect that living with a chronically ill child might have on a healthy sibling is reported. An astonishing readiness to talk about their conflicts in connection with the sibling's illness was noted. Seven case histories are included. As a means of coping with their anxieties, various defense mechanisms, such as denial, repression, or reversal of affect, were mobilized by the healthy children in order to alleviate the stress of being constantly aware of the ill child's difficulties and/or deformities. Some children showed extreme reaction formation of pity and sympathy, thereby lessening their guilt feeling; other exhibited intense jealousy aroused mostly by the parents' great concern and/or inordinate amount of time spent with the sick child. Parental anxiety can focus itself in two extreme directions, neither of which is beneficial for the healthy child. The parents are either preoccupied with the sick child and in this way arouse in the healthy child depressing feelings of being neglected and slighted, or they concentrate on the healthy child, pushing him to succeed and forcing him to strive for achievements so that he might compensate for the inability of the sick child and thereby alleviate the parents' feeling of failure and defeat.

**78. Bergmann, Thesi. Personality development of two chronically ill children.** ***Bulletin of the Philadelphia Association for Psychoanalysis,*** **17(3):158-168, 1967.**

The treatment of two chronically ill children, Joyce and Terry, illustrates the reactions of a child to hospitalization, treatment, pain, restraint of motor function, and other conditions reflected in personality development. Joyce had rheumatoid arthritis, compounded by her mother's emotional and physical withdrawal from her. The child withdrew from people in an effort to ward off pain and mothered herself. Terry's situation was completely the reverse. The child, afflicted by congenital dislocation of the hip, acted composed and concealed her feelings so as not to upset her mother. The child's inner strength supported the mother. Both children adapted to the situation of being chronically ill without maternal help: One compensated in a positive way; the other required great effort. The comfort of a parent can greatly aid in a patient's accepting his situation and making the most of it.

**80. Berlin, Irving N. Crisis intervention and short-term therapy: An approach in a child-psychiatric clinic.** ***Journal of the American Academy of Child Psychiatry,*** **9(4):595-606, 1970.**

Some efforts in understanding and teaching crisis intervention and brief therapy with families are outlined. Case examples illustrate learning experiences that have led to the development of a model. Emphasis is placed on the requirement of training in dynamic psychiatry as a basis for understanding and applying lessons from ego psychology developed by Anna Freud, Erikson, Lindemann, and Caplan. 18 references. (Author abstract modified)

**81. Berman, Sidney. A type of academic failure among male adolescents: A problem in early identification.** ***Journal of the American Academy of Child Psychiatry,*** **10(3):418-443, 1971.**

Many male adolescents fail academically and do not complete their education in spite of their intellectual capacity to do so. Attention is focused on one type of academic failure: Students who are considered to have a passive-aggressive character disorder. Although the academic failure takes place in high school or college, the psychopathology evolved from experiences during the Oedipal period. At that time there was an inability to achieve phase-specific separation and individuation owing to passive-dependent wishes which were complemented by the mother's response to them. The father, if present, is an ineffective model because for various reasons he may intensify the symbiotic bond of the boy to the mother. Subsequently, adaptive repairs occur along the developmental continuum until adolescence when these students suffer academic failure. Confronted with adolescent differentiation and integration, they falter because of passive-dependent desires, feelings of helplessness, and depression. The Wechsler Intelligence Scale confirms the boy's intellectual capacity to accumulate knowledge but not his ability to use it effectively academically. The verbal scale shows more than a 10-point spread over the performance scale without evidence of organic or psychotic pathology. Since the origin of the psychopathology is in early childhood, psychoanalysis may be the treatment of choice in resolving these conflicts and in permitting the adolescent to achieve better emotional integration and greater responsibility for his development. The psychoanalytic treatment of a case is reported. 1 reference. (Author abstract modified)

**82. Bernath, Andrew K.; Hott, Louis R.; Serban, George; and Miller, Jason. Seminar: Individual and mass aggression. *Behavioral Neuropsychiatry,* 2(5-6):12-17, 1970.**

Various points of view are presented concerning the basis of individual and mass aggression. Naturalists represent aggression as inherent but it appears to be mainly aggravated by frustration. The modern type of emotionally sick person is an alienated, detached individual who feels superfluous. He is incapable of comprehending the complications of our violent world and takes the short circuit of active aggression instead of patiently, rationally, and carefully thinking things through. It seems that man's violent rage is a dramatic explosion based on feelings of helplessness. In the existential view of aggression, man's demand for universal freedom, his need for the realization of his individuality and fulfillment of his uniqueness of being in the world is frustrated by alienation, mechanization, and neoconformism. The sense of individual and mass responsibility is repressed. Existential anxiety which is the result of the threat of nonbeing causes a need in certain individuals to create nonbeing in others. Existential anxiety becomes distorted into mass hatred and mass aggression. In one traditional view, aggression is natural to man and is the analog of aggression among animals which is necessary for survival. According to the neo-Freudian view, aggression is a cultural pattern of adaptive behavior. In this view, man is not born with instinctual hostile aggressive impulses. Rather, these are developed as a result of his later environmental influences. 3 references.

**83. Bernstein, Dorothy M. Drugs and the adolescent: Current trends. *Minnesota Medicine,* 56(2):108-110, 1973.**

The changing drug scene is depicted and assessed on the basis of epidemiologic statistics. Of the adolescent population treated at the Mt. Sinai Drug Treatment Center in Minneapolis, 22 percent were in junior high school and 78 percent were in senior high school, with peak use of drugs in the 17- to 19-year-old group. No single pattern of motivation for drug use was seen, but three factors were found more frequently than others: (1) In younger susceptible adolescents, drugs were found to be a means into peer groups; (2) drug usage was found to be an exaggeration of the normal exploratory or curiosity urge; (3) in the older group, drugs were used to cope with low self-worth or confused personal identity. This group turned to drugs to avoid psychological pain rather than for pleasure. To circumvent this pattern, it is suggested: (1) that preventive efforts be instituted earlier; (2) that physicians avoid prescribing drugs for minimal stresses and frustrations of adults, a process which often leads children to accept and become sensitized to drugs as panaceas for life stresses; and (3) that physicians take care not to oversupply drugs. Education should begin in early childhood, focusing not only on drugs but on ways of coping with stresses and tensions that may later develop into drug abuse. 8 references.

**84. Bernstein, Dorothy M. Emotional reactions of children and adolescents to renal transplantation. *Child Psychiatry and Human Development,* 1(2):102-111, 1970.**

Coping defenses of children undergoing renal transplantation were taxed as the child progressed through the crucial phases of surgical procedures. Four of 12 children displayed serious disruption of defense mechanisms at some point during hospitalization, with recovery of equilibrium when the stress was removed. Hemodialysis evoked a forceful emotional reaction. The most vulnerable period appeared to be immediately after the operation when ego resources could be depleted if surgical complications occurred. Profound depression or regression could be seen in a previously functional child. 12 references (Author abstract)

**85. Bernstein, Rose. *Helping Unmarried Mothers.* New York: Association Press, 1971.**

An analysis is made of potential psychological and social hazards of unmarried mothers and the factors that determine whether they will receive certain services. The problems are chronologically presented, beginning with difficulties of pregnancy, through the referral and intake process, planning for the baby, and the resulting disposition of the child. Specific attention is paid to the adolescent unmarried mother, the unmarried father, and persistent issues of improving and extending services and prevention including crisis intervention. The role of maternity homes is also examined in detail, advocating a change in the function of such homes to a center for social, psychological, and health rehabilitation so that a variety of the needs of unmarried mothers can be met. It is suggested that these facilities be tax supported.

**86. Bernstein, S., and Lowy, L. *Untersuchungen zur Sozialen Gruppenarbeit in Theorie und Praxis.* [Investigations of Social Group Work in Theory and Practice.] Freiburg, Germany: Lambertus-Verlag, 1969.**

An attempt is made to transfer the theories and techniques of group dynamics to the realm of marginal social groups living under chronic conditions of oppression and discrimination. The task is approached thematically from four aspects: Exploration and planning; progressive steps in social group work; conflict and resolution; and decision processes and behavior modification. Every aspect involves diagnosis (analysis of variables, goals, and values) and intervention. A model of group development contains the following phases: Tentative affiliation and orientation; power struggle and control; familiarity or intimacy; differentiation; and separation or displacement. The preconditions for intervention are identified in each case.

**87. Bettelheim, Bruno. Discussion of a method for treating disturbed children. In: *A Home for the Heart.* New York: Alfred A. Knopf, 1974.**

A method for treating autistic children, based on an attempt to create a "total therapeutic milieu" as the setting and the means for curing the psychically damaged and crippled, is presented. It is felt that the patient's energy must be enlisted in his own cure; he must be treated as a fellow human, worthy of respect by those working with him. The division between active normal curers and passive creature to be cured deprives the therapist of his most useful instrument—his own experience and his ability to see analogies with his own problems and emotions. The attitude developed in the therapist is not a sympathetic urge to cure "the poor souls"; it is the empathy which provides an understanding of how a human mind like one's own may be freed from confusion and terror. The treatment process is always aimed at the goal of bringing each individual back to a capacity for dealing with the world. The physical surroundings of the Orthogenic School at the University of Chicago are described, as well as the theories involved in treatment.

**88. Bettelheim, Bruno. The latency age. In: Bettelheim, B., ed. *The Children of the Dream.* New York: Macmillan, 1969. pp. 145-202.**

Life in the kibbutz between the ages of 5 and 12 years is described and evaluated under topics that include: bedwetting, security blankets, and toilet training; dinnertime behavior (in contrast to the behavior of ordinary families at dinnertime); living quarters; freedom to roam and freedom from parental harassment; the relative absence of Oedipal conflicts; freedom from the consequences of empathy and introject; the effects experienced by both child and parents of the parents' having assigned their powers to the caretakers at the kibbutz; conflicts that arise when children seek support from parents during disputes with kibbutz caretakers; the tendency of the kibbutz to blame parents for children's emotional disturbances; the consequences of multiple mothering; and the weakening of emotional ties between parents and children brought on by kibbutz living. 2 references.

**89. Bharucha-Reid, Rodabe Phiroze. Organized behavior under stress. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-12481 (HC, $10; MF, $4). 153 p.**

The results of a study showing that stress may have organizing as well as disorganizing effects are discussed. The behavioral outcome produced depends on the phenotypic and genotypic variables that are used to cope with the stress. Race is a strongly effective variable. Black subjects show superior performance under low self-esteem conditions, while the performance of white subjects is attenuated. The results are discussed in relation to level of aspiration theory, Merton's model of deviant types, attribution and locus of control theories. The findings are also discussed in relation to McGuire's model of yielding and reception, Abelson's cognitive denial, and newly introduced methodological distinction between single and double takes of an experimental manipulation. (Journal abstract modified)

**90. Bicknell, Joan. A place in the family. *Mental Health* (London), Winter:5-7, 1969.**

There is a current policy, widespread among children's placement and adoption agencies, that parents who have a mentally handicapped child at home are not suitable as adoptive families. It has been stated that any family, no matter how loving or altruistic, suffers severely when a seriously handicapped child is introduced into it. This is true only for the minority; overall surveys have confirmed that the opposite is true. Most often such a child adds something positive and cohesive to the family unit. To deprive couples who already have a handicapped child of the right of adoption is only adding further heartbreak to such families. It is not suggested that adopting a child will salvage an unhappy situation. However, in the future, adoption requests should be treated in such a way that social stigma and unworthiness are not attached to such couples and perpetuated. Policies which allow no compromise or exception are cruel and indefensible.

**91. Bidwell, Robert E. G.; Bidwell, Jo Jeanne; and Tsai, S. Y. Suicide prevention: A study of the community program in Kansas City. *Journal of the Kansas Medical Society,* 72(4): 167-173, 1971.**

During the first 3 years of a community suicide prevention program in the Kansas City area, emergency counseling service by telephone was rendered to 590 clients, who resembled the suicidal attempters in being predominantly young, female, single, separated or divorced, having had previous suicidal attempts and psychiatric attention, and tending to use chemicals and drugs and sharp cutting objects in their suicidal behavior. That they themselves placed 58 percent of the calls and that their relatives, friends, local police departments, hospitals, ministers, and others made 42 percent of the calls in their behalf indicated their stronger social contact seeking tendency. None of the 543 identified clients appeared in the coroners' records of Wyandotte and Johnson Counties, Kansas, and Jackson County, Missouri, as either suicidal or accidental deaths. On the other hand, there were 389 recorded suicides in the three counties during the same period. None of these names appeared in the log of the program. Demographically, these completed suicides were the opposite of the clients in being predominantly male, older, married or widowed, and gainfully employed or retired. They were much less communicative about their suicidal intent and used the more lethal means of firearms, asphyxia, and hanging. The findings support the hypothesis that suicidal attempters and suicides constitute two epidemiological populations, albeit overlapping, and that the crisis intervention method of the suicide prevention programs can reach the first group, but not the second. 24 references. (Author abstract)

**92. Biller, Henry B., and Meredith, Dennis L. The invisible American father. *Sexual Behavior,* 2(7):16-22, 1972.**

The importance of the father-child relationship in the family is discussed, stressing the consequences of modern trends which have relegated the father to a second-class role in child rearing and household management. It is contended that the father's importance in the family has been ignored not only by society but until recently by the social scientist. The contemporary father, often uneasy with his role and ignorant of its importance and subjected to profound social pressures, has resorted to accumulating

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material goods, lessened involvement at home, and often abandonment of his family. Father deprivation, however, has led to serious psychological problems in both male and female children, particularly in the preschool developmental period. These include inadequate sex role development, personality disorders, and impairment of intellectual development. The social consequences of widespread father deprivation are even more profound and include buildup of the so-called generation gap, as well as a variety of antisocial attitudes, both ultraconservative and ultraliberal. It is concluded that the basic antidote for the alienation that has taken the American male out of family life is improved appreciation of the value of active fathering. Several positive and negative critical analyses are made by noted social psychologists on these contentions. 6 references.

**93. Bilodeau, Carolyn Bascom, and Hackett, Thomas P. Issues raised in a group setting by patients recovering from myocardial infarction. *American Journal of Psychiatry,* 128(1):105-110, 1971.**

The psychological problems of coronary convalescence are examined. The issues that five convalescent male heart patients most frequently raised during 12 weekly group meetings led by a psychiatric nurse concerned group process, current and future states of health, effects of illness on one's life, treatment of illness, the role of patient and its effect on the family, history of illness, and medical care after discharge. Participants stated that the meetings had significantly influenced their adjustment to and acceptance of myocardial infarction. 10 references. (Author abstract modified)

**94. Bird, David Thomas Michael. The relationship of self-actualization levels of counseled and non-counseled parents to perceptions of behavioral characteristics in their children previously diagnosed as disordered. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-14389 (HC, $10; MF, $4). 96 p.**

In a study to determine more effective ways of dealing with the parents of behavior-disordered children, the parents were evaluated in terms of self-actualization level and degree of perceptive congruence after a 10-month group counseling program humanistically designed to increase self-awareness. A control group received no counseling. Behavior rating inventories of the Burks' Behavior Rating Scale and a modified California Test of Personality Scale were used to assess degree of parent perception of child behavior disorder. Counseled parents improved in time competence and inner directedness as well as in the acceptance and empathetic percepts of themselves and child. The higher actualized parents formed more accepting and congruent perceptions of the degree of child disorder which were consistent with improved self-evaluation. Noncounseled parents developed incongruence between self-actualization and degree of child disorder perception. (Journal abstract modified)

**95. Biros, Dennis G. Abortion. *Journal of the American Medical Association*, 219(8):1068-1069, 1972.**

In a letter to the editor, comment on an article concerning abortion is made. The question of patient stress is explored from several sides: reaction to the stress; ability to cope with or to handle stress; reaction by psychotic or neurotic patients to the removal of stress. It is felt that abortion should be considered in terms of long-term goals as well as short-term goals.

**96. Bissett, Wyatt Herbert, Jr. An investigation and synthesis of the literature on love, and the creation of a developmental model of love processes. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-12147 (HC, $10; MF, $4). 247 p.**

Recent works on human love are reviewed and synthesized to discover the underlying elements of agreement and to create a new model of love which includes ontogenetical factors, motivational structure, operational definition, and testable hypotheses for each phase of development. The formulated model consists of the following phases: (1) infantile love characterized by acquisitive, physical survival needs, and desires for physical stimulation; (2) early childhood love characterized by acquisitive need for security and desires for exploratory and curiosity stimulation; (3) late childhood-early adolescent love characterized by integrative needs for belonging, status, sex, and desires for social experiences and human intimacy for its own sake; (4) late adolescent-early adulthood love characterized by acquisitive needs for esteem desires; and (5) later adulthood love characterized by altruistic unions, needs for self-actualization, and stimulation desires. Love has an essentially dual nature derived from the particular combination of deficiency needs and abundant desires most influential at a given phase of development. These needs and desires constitute a complex of motives which act as causal factors for union motivation at each phase. Love is, then, essentially expressed as various combinations of acquisitive and altruistic motives for union. (Journal abstract modified)

**97. Bissiri, Gerald Richard. Adolescent negativism, field-independence and the development of integrated structures. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-29635 (HC, $10; MF, $4).**

A study was conducted to test the hypothesis that contextual fragmentation (differentiation) is practiced during late adolescence at the expense of contextual synthesis (integration). It was further contended that successful adult functioning is dependent on contextual attentiveness and accommodations, and, as such, interferes with the differentiating process while enhancing integrative activities. Construct consistency was examined at perceptual and cognitive levels in two groups of age-matched males (16-19 years) differing in the extent of expressed opposition to contextual (societal) standards and a group of mature, successfully functioning adult males. Findings did not support a significant difference between groups on measures of field independence or of perceptual synthesis as postulated. Hypotheses based on conceptual systems were confirmed for predictions based on Harvey's theory of the negative independence stage of conceptual development for adolescents, but were qualified by other relevant findings. Results did not support a clear-cut relationship between field independence and the independence posited by Harvey's conceptual system model, although both constructs appeared related to the intuitive-perceptive preference as measured by the Myers-Briggs type indicator. The overall findings are interpreted as providing some support for the major hypothesis, while, at the same time, challenging certain basic assumptions. The latter are reformulated and implications discussed. (Journal abstract modified)

**98. Bister, Wolfgang. Uber selbstmordprophylaxe bei depressionen. [Suicide prevention in depressive states.] *Praxis der Psychotherapie* (Munchen), 16(2):51-62, 1971.**

Suicide attempts in depressive state are the result of identifiable motives. Prevention of self-destruction depends on early recognition of suicidal constellations in the individual's internal and external experience. Among danger signs of impending crisis, the lack of human contacts and the absence of responsible involvement in meaningful tasks deserve primary attention. Early childhood frustrations predispose to later regression; puberty and the climacteric are particularly vulnerable phases. The neutralization of inhibitions by means of alcohol or drugs may lead to a suicidal decision. Serious illness, hopelessness, agitation, anxiety, insomnia, feelings of guilt or inadequacy may precede suicide attempts. A family history of self-destruction may have a suggestive influence.

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Although engagement of the depressed individual in a responsible task may have prophylactic value, care must be taken not to overburden him, since failure may lead to renewed feelings of inadequacy. 7 references.

**99. Bixenstine, Edwin V.; Howard, Ian P.; and Gregory, Richard L. Tissue, psyche, and motive; Other reviews. *Science*, 156(3776):799-802, 1967.**

Three books are reviewed: *Psychological Stress and the Coping Process*, by Richard S. Lazarus; *The Nature of Perceptual Adaptation*, by Irvin Rock; and *Optical Illusions and the Visual Arts*, by Ronald G. Carraher and Jacqueline B. Thurston. The first book is an attempt to integrate within a theoretical framework a vast amount of research on, or related to, stress. Its emphasis is on human beings. The work is not exhaustive but is wide-ranging and valuable. The second book deals with recent investigations into the behavioral consequences of distorting the visual array. The author's emphasis on appearance has caused a failure to clearly set out the various behavioral consequences and behavioral measures of visual distortions. The book is a valuable contribution but too limited in approach. The third book is basically a portmanteau of visual effects largely aimed at artists and designers. Neither explanations nor references to the experimental literature are given. The excellence of the graphics and its range of examples are worthy of note.

**100. Blaine, Graham. Adjustment reaction of adolescence. *Psychiatric Annals*, 1(3):46-51, 1971.**

Adjustment reaction of adolescence is viewed as a transient situational personality disorder. It is important to distinguish true symptoms from mere growing pains. Probably the most common form of adolescent adjustment reaction is the identity crisis. An example of temporary loss of a sense of identity is given. A case history of an adjustment reaction masquerading as a manic-depressive illness is described. The role of concern with the occult, the supernatural, and the unreal during adjustment reaction of adolescence is discussed. Adjustment reactions of adolescence, whether imitators of schizophrenia, manic-depressive psychosis, or neurotic depression, are fundamentally symptomatic manifestations of a temporary illness precipitated by a developmental phase. They may be both initiated and limited by the chronology of the growth process and can often be ameliorated by psychotherapy.

**101. Blandford, Belvin R. Peer group membership of young women with cancer.** ***Journal of Chronic Diseases,*** **21(5):315-322, 1968.**

The influence of peer group membership on adaptive behavior was studied in a group of 100 women hospitalized with gestational trophoblastic disease. The patients were fully informed of the nature of their disease, with few restrictions placed on their activities. Members of the group, aged 16 to 47 years, welcomed new patients and served to alleviate each other's fears. New members of the group were reassured by the return of previous group members as proof that patients did live through the treatment. The peer group accepted new members and informed them of the various norms, rules, and personalities within the hospital setting. The main goal of the group was to get well and it functioned without discrimination, leadership, or difficulties. Members of the group helped each other during periods of depression, with emphasis on treatment and mutual encouragement. They offered each other protection and permission for regressive and infantile behavior. A discharged patient served as positive reinforcement and group encouragement resulted. Although the group was supportive and functioned by relieving day-to-day stress, it was not a problem-solving device and had to relinquish responsibility when treatment was required. Group support was encouraged and utilized although limited. 1 reference.

**102. Bleistein, B. Freiheit und Freizeit: Zur Theorie des sakularisierten Menschen. [Freedom and leisure time: A theory of secularized man.]** ***Offentliche Gesundheitswesen*** **(Stuttgart), 33(9):507-518, 1971.**

In a discussion of free time and leisure time activity in Germany it is noted that modern industrial technological man has forgotten how to play and how to use his leisure time in festivals. Classical and medieval celebrations have yielded to regimented demonstrations since the French Revolution. Festivals have an integrating function: They recall man to his historicity and his dreams. Today's antifestivals (routine parties and displays of prestige or conformity) reflect the anonymous anxiety and hectic pace of the time. Boredom is the symptom of man's inability to celebrate. The ecstatic trips of the drug user and world traveler only aggravate the letdown of homecoming. Uninhibited sexuality is another surrogate designed to fill an existential vacuum. Man has built a secular prison for himself; he can liberate himself only by embracing a transcendent dimension, which will restore gods, freedom, and festivals. The self-deception known as tourism is not the proper complement to work; medical, psychological, and pedagogical evaluations of routine vacations should be reexamined. The worker is not a robot; he objectifies himself through fantasy and creativity, through play and emotions. Secular man must find a way out of his negation (of war, authority, manipulation, ideologies, etc.) into a total personality affirmation of life. 60 references.

**103. Bloom, Larry Jay. The effectiveness of avoidant thinking and redefinition in coping with stress. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 75-26360 (HC, $18; MF, $7.50).**

The effectiveness of avoidant thinking and redefinition in coping with stress was assessed by telling half of a sample of ss that they would receive electrical shocks during an experimental period (threat conditions), while the remaining ss did not receive such instructions (nonthreat condition). During the experimental period, one-third of the ss read a story which kept them cognitively occupied (avoidant thinking), one-third wrote down reasons why they should not be nervous (situational redefinition), and one-third sat quietly (control). To increase the likelihood that ss would avoidantly think, redefine, or sit quietly, half of the ss received instructions to increase their motivation to engage in these tasks while the other half did not receive such instruction. Analyses of physiological measures, self-report of anxiety, and several trait personality measures indicate that: (1) The threat of shock increased stress; (2) ss who used avoidant thinking were less stressed than the other groups; (3) instruction had no consistent significant effect on effectiveness of coping treatments; (4) internal control ss were more aroused by threat than external control ss; and (5) ss who tended characteristically to use denial and those less prone to worry benefited most from avoidant thinking. Implications for study of coping with anxiety and pain and for psychotherapy practice are discussed. (Journal abstract modified)

**104. Blos, Peter. Reflections on modern youth. *Psychosocial Process,* 2(1):11-21, 1971.**

An analysis of modern youth focuses on the relationship of adolescence and the vicissitudes of the aggressive drive. Adolescent unrest is seen as symptomatic of social and institutional anachronisms and breakdowns in that the environment has lost some of its essential function in relation to human development. Adolescent development is reviewed and related to the wider social implications of unrest and violence. 5 references.

**105. Blos, Peter. The initial stage of male adolescence. *Psychoanalytic Study of the Child,* 20:145-155, 1965.**

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In a study of the initial stage of male adolescence the conceptual perspective of the study is outlined and the phase of male preadolescence is examined. The effort is made to delineate within the initial stage of adolescence the phase-specific conflicts, tasks, and failures in terms of drive and ego organizations. It is shown that the study of this phase of male adolescence throws light on the vicissitudes of the aggressive drive by elucidating one component of it, namely, phallic aggression and phallic sadism. This component stands out in great clarity at the phase of preadolescence when the genital phase asserts itself anew after its temporary decline during the interposing period of latency.

**106. Bodnar, S., and Catterrill, T.B. Amitriptyline in emotional states associated with the climacteric. *Psychosomatics*, 13(2):117-119, 1972.**

The general nature of changes in climacteric phases is briefly discussed, along with psychopharmacological methods for treating such conditions. Five points are stressed: (1) The emotional state associated with the climacteric is an exhaustion reaction in the face of endocrine, metabolic, and psychological readjustment. (2) The emotional changes are of multifactorial etiology, and the climacteric may only accentuate a preexisting insufficiency. (3) Amitriptyline has a justified place in the treatment of emotional upsets associated with the climacteric. Its success-failure rate and low percentage of side effects support this opinion. Patients can be treated on an ambulatory basis, with no interruption of work. (4) Clear-cut somatic vasomotor changes are more effectively treated with estrogen compounds. (5) Society's structure and set of values will increase the number of patients who will seek medical advice for emotional changes at the time of the climacteric. 12 references. (Author abstract modified)

**107. Boehm, Leonore. The development of conscience: A comparison of upper-middle class academically gifted children attending Catholic and Jewish parochial schools. *Journal of Social Psychology*, 59:101-110, 1963.**

A small group of academically gifted upper-middle class children attending a Jewish parochial school was compared with like students at public and Catholic parochial schools, to investigate whether certain differences apparent in the results of a study of public and Catholic parochial school students were due to Catholic school training or could also be found at other kinds of religious schools as well. The comparison revealed: (1) Gifted upper-middle class Jewish parochial students showed stronger empathy with an injured peer than any other group and were more peer related and

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more independent of adult authority apparently because of this empathy. (2) In a situation concerned with peer reciprocity versus authority dependence, but not involving pain accidentally caused a peer, the subjects showed more authority dependence than gifted upper-middle class students in public or Catholic parochial schools. (3) Responding to two stories concerned with a distinction between accidental mishaps causing harm and intended misdeed which caused no hardship, the subjects scored somewhere between the public and parochial school counterparts. (4) These apparent differences suggest definite variations in content of conscience created by particular in-group training by religious institutions. 5 references.

**108. Boer, Arend Paul. Toward preventive psychotherapy: Experimental reduction of psychophysiological stress through prior behavior therapy training. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-12635 (HC, $10; MF, $4).**

In a study of experimental reduction of psychophysiological stress through prior behavior therapy training, undergraduate psychology I students were randomly assigned to a no-treatment, verbal psychotherapy, systematic desensitization, or induced anxiety condition. After three training sessions in one of the above methods, each subject was exposed to the stressor film. Five physiological and nine behavioral measures were taken as indicants of the stress reaction. The results indicated: (1) that the stress reaction could be defined by three measures—physiological anxiety, anticipatory anxiety, and psychological anxiety; (2) that both systematic desensitization and induced anxiety behavior therapy reduced the stress response, with induced anxiety being most effective; (3) that coping strategies varied according to the method of prior training; and (4) that subjects in the verbal psychotherapy condition were stressed more than subjects in the no-treatment condition but showed the least anticipatory anxiety. (Journal abstract modified)

**109. Boersma, Frederic; Wilton, Keri; Barham, Richard; and Muir, Walter. Effects of arithmetic problem difficulty on pupillary dilation in normals and educable retardates. *Journal of Experimental Child Psychology,* 9(2):142-155, 1970.**

The effects of three levels of difficulty in arithmetic problem solving on pupillary dilation responses were studied in 10 normal and 10 educable mentally retarded children. Pupillary responses were obtained with a pupillograph recorder before problem presentation, and continuously during a problem-solving session of 20

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seconds. Analysis of task performance data revealed that normal subjects generally solved more problems in less time than the mentally retarded subjects, and reached a decision relative to solution of the problems more often. Pupillary dilation measures taken before problem presentation revealed no difference between the two groups of subjects. Statistically significant differences were observed in the second and, to a greater degree, in the third part of the response period. Differences observed during problem solving and greater increases in dilation were associated with greater frequency of successes in reaching correct solutions, and were empirically related to levels of problem difficulty. Results suggest that dilation differences at later stages of problem solving were related to differential stimulus effects and to cognitive differences. 15 references. (Author abstract modified)

**110. Bogani, Anna, and De Martis, Dario. I fenomeni di cambio sociale e culturale nell'ottica di un centro d'igiene mentale universitaria. [Phenomena of social and cultural change from the perspective of a university mental hygiene center.] *Rivista di Psichiatria* (Roma), 6(3);218-223, 1971.**

Psychological aspects of the transition from high school to college are discussed. This change can cause severe changes in the psychic equilibrium of some students because of changes in lifestyle and in the organization of study habits. The voluntary nature of study at the university level and the need for organization demand a responsibility heavy enough to provoke anxiety. Problems faced by the student from a rural area upon arrival at a university, primarily the impersonal nature of relationships, are described: these problems are aggravated by confusing and chaotic conditions prevailing at Italian universities. The connection between pathology of an individual and the sociopathology of the university structure is illustrated.

**111. Bond, Douglas D.; Braceland, Francis J.; Freedman, Daniel X.; Friedhoff, Arnold J.; Kolb, Lawrence C.; and Lourie, Reginald S. Psychosomatic Medicine. In: Bond, D., ed. *The Year Book of Psychiatry and Applied Mental Health.* Chicago: Year Book Medical Publishers, 1971. pp. 186-208.**

A selection of articles on psychosomatic medicine, taken from recent medical literature, is presented with some editorial comments. Topics covered include: the relationship of psychosomatic to internal medicine, psychogenic factors in chest pain, cardiovascular disease and surgery adjustment, postoperative delirium, pacemaker implantation, endocrinologic disorders, factitial disease, disruption of defensive life patterns, hysterectomy, complaint of

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pain in affective disorders, puerperal psychoses, sexual dysfunction, conversion reactions, skin diseases, colitis, anorexia nervosa, obesity, environmental factors, stuttering, bereavement, and time zone effects. 28 references.

**112. Bonstedt, Theodor. Crisis intervention or early access brief therapy. *Diseases of the Nervous System,* 31(11):783-787, 1970.**

A brief comparison is made of crisis intervention and early access, brief therapy approaches, as they are conceptualized at present. While they have an area of overlap in terms of rapid application, focus on environment and current events, and needed sensitivity of the clinician, they also show important differences in terms of the underlying frameworks of reference. Crisis intervention is built upon crisis theory, with relatively more emphasis on the environment, with its more optimistic view of the role of crises in individual lives, and opportunity to utilize these insights in anticipatory guidance through other professionals. Early access, brief therapies are built upon the modifications of ego psychology, with some attention toward various aspects of social psychiatry. It is important to distinguish between the two approaches, if they are both to produce their optimum results. 6 references. (Author abstract)

**113. Borke, Helene. Chandler and Greenspan's "Ersatz egocentrism": A rejoinder. *Developmental Psychology,* 7(2):107-109, 1972.**

Consideration is given to the age at which children become capable of relating empathically to other people. Chandler and Greenspan present evidence to support Piaget's position that young children are primarily egocentric and that the ability to take the other person's perspective only emerges in early adolescence. An alternate view is that empathic awareness has its origins in infancy and proceeds through a series of hierarchical stages closely related to cognitive development. The perception of young children as egocentric or as having the capacity for empathic awareness has far reaching implications both for the growth of each individual's ability to communicate and for the society. 4 references. (Author abstract modified)

**114. Borke, Helene. The development of empathy in Chinese and American children between three and six years of age: A cross-culture study. *Developmental Psychology,* 9(1):102-108, 1973.**

A series of social interaction situations representing the four

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emotions of happy, afraid, sad, and angry were administered to 288 American children and 288 Chinese children. Twenty-four girls and 24 boys, half from middle-class families and half from disadvantaged families, were tested at 6-month intervals between 3 and 6 years of age. Children from both cultural groups exhibited similar overall trends in their ability to recognize other people's emotional responses. By 3 years of age, the majority of American and Chinese children could differentiate between happy and unhappy reactions in other people. Perception of afraid, sad, and angry feelings developed somewhat later and appeared to be influenced by social learning. This cross-cultural study confirms the results of a previous investigation that very young children are capable of empathic responses. The awareness of other people's feelings by young children from very different cultural backgrounds suggests that empathy may be a basic human characteristic related to social adaptation. 19 references. (Author abstract)

**115. Born, David Omar. Psychological adaptation and development under acculturative stress: Toward a general model. *Social Science and Medicine* (Oxford), 3:529-547, 1970.**

Psychological stresses affecting individuals from tradition-oriented societies who are subjected to acculturative pressures from Western, modernized societies are examined. A cognitive construct, the mazeway, is used as a psychological frame of reference because of its adaptability to several sociocultural approaches to behavior theory. Primary stress is seen to derive from relative deprivation and, in particular, withdrawal of status respect. Adaptation to socially induced stress approximates four modes: retreatism, reconciliation, innovation, and withdrawal. Innovation and withdrawal are seen to be improbable in the tradition-oriented society. Both retreatism and reconciliation can lead to successful psychocultural adaption. Several case studies lend support to this theoretical framework. 70 references. (Journal abstract)

**116. Borus, Jonathan F. Reentry: II. "Making it" back in the States. *American Journal of Psychiatry,* 130(8):850-854, 1973.**

Differential characteristics, adjustment stresses, and coping methods of three groups of successful and unsuccessful Viet Nam veterans attempting to adjust to life in the United States are defined. Findings suggest the need for preventive intervention programs to facilitate the successful readjustment of these veterans. It is suggested that such programs should focus on decreasing unnecessary stresses in the readjustment process, better preparing returnees for adjustment issues, and increasing the variety of coping methods available to them. 10 references. (Journal abstract modified)

**117. Boudin, Henry Morton. The ripple effect in classroom management. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-15104 (HC, $10; MF, $4). 222 p.**

The effects of the application of behavior modification techniques to a class member in increasing his frequency of task-relevant behavior were examined. It was hypothesized that there is a ripple effect, defined as the degree to which the frequency of such behavior of another class member is dependent upon the frequency of task-relevant behavior of the target child, and that this will cause an increase in the frequency of task-relevant behavior for other class members as well. Findings give strong support to the conclusion that behavior modification techniques will increase the frequency of adaptive behavior and decrease the frequency of maladaptive behavior. In addition, through the ripple effect, class members witnessing these techniques on a target child will increase their frequency of adaptive behavior. There is also some evidence that through the ripple effect those members nearer to a target child will increase their frequency of adaptive behavior, with lesser effects noted on children positioned at greater distances from the child. It also appears that reinforcement contingencies are more effective than feedback in increasing this behavior, and that there are differential effects on the ripple effect between some of the behavior modification techniques compared in each classroom, as measured in terms of the frequency of adaptive behavior. Finally, some evidence leads to the conclusion that, for both the target child and the other students, treatment-combining programs which are effective individually have greater effect than any treatment administered alone. (Journal abstract modified)

**118. Bourdier, Pierre. L'hypermaturation des enfants de parents malades mentaux: Problemes cliniques et theoriques. [The hypermaturation of children with mentally ill parents: clinical and theoretical problems.]** ***Revue Francaise de Psychanalyse*** **(Paris), 36(1):19-42, 1972.**

Children of borderline parents and children of psychotic parents are compared and those of psychotic parents are found to be not only better adapted, but hypermature. Hypermaturation is not considered to be normal. The reversal role of parent and child, certain decisive sexual experiences, tenderness and passion, distortion of personality, and perversion are exposed in detail. 5 references.

**119. Bourne, Peter G.; Rose, Robert M.; and Mason, John W. Seventeen-OHCS levels in combat. Special forces "A" team**

**under threat of attack.** ***Archives of General Psychiatry,*** **19(2): 135-140, 1968.**

A 12-man special forces "A" team was studied for 3 months in an isolated camp near the Cambodian border in South Vietnam. Behavioral data were collected by psychological tests, informal interviews, and semiparticipant observation. Twenty-four-hour urine collections were made for measurement of 17-hydroxycorticosteroid (17-OHCS) levels before, during, and after an anticipated attack. The chronic mean level of corticosteroid excretion for the 2 officers was substantially higher than that for the 10 enlisted men. It was also noted that on the day of an anticipated attack an officer and the radio operator showed a rise in their levels of 17-OHCS excretion, while the other subjects, all enlisted men, showed a drop. This seemed to be related to the markedly different behavior demanded of these two individuals at that time. These findings suggest that assigned role in the group plays a major part in determining the effect of stress as measured by 17-OHCS excretion, and that when the opportunities for handling the stress are limited, group influences minimize the significance of individual differences. It also supports the view that stress can only be defined in terms of the individual's interaction with the environment which enables man, by altering his perception of reality, to make a satisfactory physiological and psychological adaptation even to the most threatening situations. 17 references.

**120. Bower, Eli M. "The Three Pipe-Problem: Promotion of Competent Human Beings Through a Pre-School Kindergarten Program and Sundry Other Elementary Matters." Unpublished paper, California Youth Authority, 1970.**

This report states that habitual rule or law violators who get caught are persons who have never acquired competencies in the use of symbols. Such competencies enable the individual to consensually validate himself and his environment when appropriate; they also enable him to move freely in space and time as he learns to use symbols creatively. The basic symbol systems in society are: language for communicating (words, syntax, expressions), secondary process language (mathematics), expressed sound (music), expressed sight (art). The habitual rule breaker and the noncoping youth are parts of the same problem and each one is more likely to fail to become a competent adult than his more adjusted peers. Prevention of adult maladjustment must begin in childhood through the only social institution which has a chance of touching all children—the school. Liaison between parents, teachers, and behavioral scientists; individualized school entrance programs, as well as early remedial programs, are primary goals. 26 references.

**121. Braatz, James H., and Pino, Alfonso E. Therapy and rehabilitation for psychiatric-geriatric patients with hip fracture. *Geriatrics*, 27(6):101-106, 1972.**

A program for the psychiatric geriatric patient with a fractured hip is presented. It emphasizes the need for controlled therapeutic exercises designed to progress the patient toward free ambulation, with allowances for the type of surgical fixation as well as the mental and physical condition of the patient. Ambulation training stresses the ability of the individual to cope with his environment. Situations are not imposed upon the patient which call for more dexterity or orientation than he is capable of handling. The activity varies with the treatment for the fracture, whether Jewett nail or Austin-Moore prosthesis. The activity in the physical therapy program starts with isometric exercises and goes through wheelchair privileges, treatment in the clinic, active-assistive to active exercises, active to resistive exercises, and ambulation. In addition to the fractured hip, the patients were diagnosed as: chronic brain syndrome, schizophrenia, and manic-depressive or organic brain syndrome. Age is the major factor in the eventual ambulatory status of the patient. Wheelchair patients averaged 16.1 years older than the free walker. 11 references.

**122. Bradley, Betty Hunt. The use of the playroom in education of mentally retarded children. *Rehabilitation Literature*, 31(4):103-106, 1970.**

Recent research has demonstrated that the playroom can be an effective instrument for educating mentally retarded children in areas where other instruments have failed. Observations based on 10 years of work at the Columbus State Institute lead to the conclusion that the playroom can serve as a source of reduction of tantrum behavior, a modified exercise room, and an individualized training milieu. Other findings indicate that the playroom is effective in solving many problems of mentally retarded children if they are based on sound theoretical underpinnings. Some problems, however, seem to be treated better in other procedures. Four case studies show the appropriateness of the playroom procedures in solving various children's problems. Some areas of playroom methodology which deserve careful attention are selection of children and selection of playroom equipment. An uncompleted pilot study shows promise in the area of equipment utilization. The playroom has definitely established itself as an effective instrument for reducing fragmentalized problem-solving approaches and improving staff and adult-child communication. 21 references.

**123. Brammer, Lawrence M., and Shostrom, Everett L. Marriage counseling and psychotherapy. In: *Therapeutic Psy-***

***chology: Fundamentals of Actualization Counseling.* 2d ed. Englewood Cliffs, N.J.: Prentice-Hall, 1968. pp. 349-371.**

The roots of marital counseling in the work of clergy and social workers are noted. A philosophic view of the marriage counselor's task is given, with stress on healing the relationship without impairing the individual partners. The results of family disruption in the lives of children are analyzed. The use of therapeutic psychology in marriage counseling is reviewed, with attention to infidelity problems, reconciliation processes, and the interplay of symptoms, history, character structure, reality factors, and conflict patterns. Premarital counseling is discussed, with reference to mate choice, love, sex, and male-female differences. Empathy, communication, and marital success are considered. Personality adjustment in marriage, conflict areas such as finances, social life, parent-child relationships, religious and life values, in-laws, in-family triangles, extramarital relationships, job pressures, inadequate self-actualization, cultural differences, and sexual conflict, and the task of the counselor in each are set forth. The use of structuring in marriage counseling is reviewed. Fee problems and difficulties in handling information are discussed. Multiple counseling techniques in marital counseling are noted. The uses of appraisal instruments such as the Minnesota Multiphasic Personality Inventory and the Thematic Apperception Test in marital counseling are mentioned.

**124. Brand, Jane; Shakespeare, Rosemary; and Woods, Grace E. Psychological development of the severely subnormal after 16 years of age. *Developmental Medicine and Child Neurology* (London) 11(6):783-785, 1969.**

Experience with 16- to 18-year-old mentally subnormal persons has indicated that the practice of transferring from junior training school to industrial unit at 17 is not advisable. Many severely subnormal adolescents make considerable progress between ages 16 and 18 or even 20 years in language and understanding, in manual skills, and in social competence, and this is reflected in many children by a measured rise in mental level. Advantage should be taken of their apparently improved learning potential at this age to keep them in the junior training school for several years more. Three illustrative cases are provided. 2 references. (Author abstract modified)

**125. Brannigan, Gary G., and Tolor, Alexander. Sex differences in adaptive styles. *Journal of Genetic Psychology,* 119(1): 143-149, 1971.**

In an attempt to study the varying adaptive styles of males and females, Rotter's Internal-External (I-E) Scale and the Future Events Test were administered to 205 male and 128 female college students. On the basis of an analysis of differences in the socialization experiences encountered by males and females in this culture, it was predicted that females would be more constricted in future time perspective and more externally oriented than males. The results confirmed both of the major hypotheses. It was suggested that varying social learning experiences during the acquisition of appropriate sex role behavior account for these distinctly different adaptive styles. 14 references. (Author abstract)

126. **Bransfield, Anne Hunt. Nursing society's child.** ***Nursing Forum,*** **9(3):250-253, 1970.**

Professional challenges to child psychiatric nursing in dealing with "society's child"—the child who has no sense of personal identity because of the changes in values occurring—are discussed. Nursing theory must agree with the integrated holistic and dynamic image of man as a human being. Nursing practices must develop along the lines of empathic relationships. The social challenge involves making psychiatric nursing care available to more persons and helping redirect social values toward positive mental health goals. 2 references.

127. **Braun, Samuel J., and Reiser, Nancy R. Teacher-parent work in the home: An aspect of child guidance clinic services.** ***Journal of the American Academy of Child Psychiatry,*** **9(3): 495-514, 1970.**

Several vignettes are presented of parent-teacher work in the home which illustrate how the teacher of preschool children can utilize those skills and qualities in parent work that are peculiar to her own professional training and role. These skills and qualities which a teacher can bring to work in the home include the ability to observe young children, a framework of child development that emphasizes learning, an ability to translate abstract concepts into concrete operations, a professional title that embodies expectations of growth and the future, and a capacity to empathize with the parental role. The vignettes illustrate parent and teacher interaction in the home in an attempt to solve child behavior problems. The process by which concrete and attainable goals were set and reached was just as important as their actual achievement. Parents' observations and descriptions of their attempts to deal with their child helped a teacher's understanding and strategy in the classroom. Their ability to take each other's advice evolved out of a relationship predicated on a willingness for both teacher and mother to risk letting the other know what had not worked. The teacher assumes that, with encouragement, parents will work for change when they participate in the process and can quickly see the fruits of their efforts. 16 references.

**128. Brechenser, Donn M. Brief psychotherapy using transactional analysis. *Social Casework,* 53(3):173-176, 1972.**

The east spoke of the Franklin County Public Hospital in Greenfield, Massachusetts, is a short-term treatment unit committed to the goal of crisis intervention. The average length of stay is 3 weeks. In that brief time, transactional analysis seems to be the most useful therapy because its language is simple and pragmatic. It provides a tool for patients to become quickly and deeply involved in their own therapy. Many patients find immediate relief in being able to sort out conflicting messages and, at the same time, they are increasing their self-understanding and ability for potential control. 1 reference.

**129. Breed, Warren. The suicide process. In: *Fourth International Conference for Suicide Prevention.* Los Angeles: Delmar Publishing Co., 1968. pp. 268-291.**

The social psychology of suicide was studied through interviews of associates of 264 completed suicides. The discussion centers on "failure suicides," in which the deceased had failed in work, marriage, motherhood, or other major roles in the society. The question raised is why do only some of the failures respond by committing suicide? In addition to individual traits or intrapsychic conditions, it is important to consider the individual in relation to others and to his culturally prescribed roles. The proposed model of suicide persons, as distinguished from failure nonsuicides, includes four points: extreme internalization of cultural success norms, extreme sensitivity to failure and accompanying shame, inability to change goals and roles, and worsening social interaction consequent upon the first three factors, with increased social isolation. More evidence is needed to support and fill out the model. Failure nonsuicides appear to have more flexibility and more ability to adapt to failure. The underlying theory of the model may be called "self" theory, representing the convergence of certain sociological and psychological theories with phenomenology. The self may be conceptualized as having three components: a self-image; self-demands, the ideal self to which the individual compares his self-image; and self-judgment, based on the consistency or dissonance between the self-image and self-demands, and motivating the individual to reduce the dissonance between them.

**130. Bridger, Wagnet H. Ethological concepts and human development. In: *Recent Advances in Biological Psychiatry*. New York: Plenum Press, 1962. pp. 95-107.**

The ethological concepts that instincts are innately preformed in the nervous system and that each instinct pattern has a reaction-specific energy related to satisfaction of certain basic needs are neither intrinsically true nor applicable to the problems of human development. To understand motivated, or goal-directed, behavior, one should look at the adaptive potential and capacity of the species. Man's capacity for general adaptation is primarily dependent on his social experiences and on the capacity of his nervous system for symbolic thinking. Thus, to understand his maternal, reproductive, and food-getting behavior, one should look for the mechanisms underlying all his adaptive behavior. An experimental study found that satiated babies could be artificially induced to suck as much as hungry babies if three factors were considered: (1) the nonspecific arousal level as measured by heart rate; (2) the duration of the arousal; and (3) the amount of specific oral stimulation and sucking which facilitates subsequent sucking. These results contradict the ethological concept that instinctive drive behavior is innately organized and indicate that such behavior develops through coordination of the many organic resources in the organism interacting with the developmental milieu. Ethological concepts should be replaced with a developmental attitude that emphasizes the search for psychophysiological mechanisms that deal with the continuous interaction of organism and environment at all levels of functioning. 28 references.

**131. Bridges, P.K.; Jones, M.T.; and Leak, D. A comparative study of four physiological concomitants of anxiety. *Archives of General Psychiatry*, 19(2):141-145, 1968.**

Forty-eight male students taking an oral examination as part of their medical finals were studied. Recordings were made, just after the examination, of heart rate, systolic blood pressure, plasma cortisol levels, and urinary adrenaline excretion. They were also made 2 months later for control observations. The mean values of all four variables increased significantly after the examination. No correlations between pairs of variables were found to be significant although these values, compared to the control findings, tended to increase after the stress. There were two coefficients of concordance which included for each subject the rank orders of all four variables in control and stress conditions. These were not high, but the stress value was increased to a statistically significant level. The stress values for heart rate and systolic blood pressure were significantly correlated with the control values, but this was not found in the case of plasma cortisol and adrenaline excretion. The study confirms that individuals vary in their pattern of autonomic responsiveness. There appear to be individual differences in the relative sensitivities of responsiveness of the variables so that it cannot be assumed that the stress levels of any single variable depend only on the intensity of the evoking psychological state. Therefore, this method of quantifying anxiety has limitations both in interpreting the intensity of associated emotional experiences and in comparing studies employing different variables. 32 references.

**132. Briggs, Dorothy Corkille. *Your Child's Self-Esteem: The Key to His Life.* New York: Doubleday, 1970.**

Psychological concepts of child development are presented through the use of familiar dialogues and common family situations. The role of the parents in helping the child develop a positive self-image and identity is emphasized. Areas of psychological safety that can help the child build positive self-esteem and retard the development of defenses are discussed.

**133. Brill, Leon, and Lieberman, Louis. Development of the Center Program. In: Brill, L., ed. *Authority and Addiction.* Boston: Little, Brown and Company, 1969. pp. 25-47.**

The historical evolution of the Washington Heights Rehabilitation Center in New York City is traced, and the nature, goals, and structuring of the program are described from the early planning phase through final implementation. The center is seen to evolve from earlier counterparts, the Lexington Follow-up Study (1952-61) and the New York Demonstration Center (1956-61), from which the need for some type of nonvoluntary approach to the problem of addiction became evident. From the latter experience two essential points in the treatment process also emerged: focus must be on the local community to intervene in the contributing familial and social components, and some method must be developed for maintaining addicts in long term treatment within the community. The primary variable adopted in meeting these needs was the use of rational authority, in which the concept of reaching out to an apathetic and resistant population is essential. The advantages of community-based orientation and the family-centered approach are described, and the requirements of the program to provide the needed crisis intervention and to develop a tolerance of abstinence in its patients are stressed. A further necessity was seen in the need to thoroughly evaluate the results of the program over a period of time, from which the requirement for a trained research staff emerged. Key components of the early planning

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phase were developing physical setting, deriving the sponsorship for the program, defining the staff requirements, setting goals for the desired results and for obtaining cooperation with the New York State Division of Parole, and publicizing the initial program. Following 1 year of operation, an evaluation of progress was made, and areas of weakness were identified for remedial action, both within the center and in its relationship with the community, courts, and the sponsoring agency. 14 references.

**134. Brill, Naomi. Basic knowledge for work with the aging.** ***Gerontologist,*** **9(3):197-203, 1969.**

Some of the specific knowledge being developed in the behavior sciences that is particularly useful in work with the aged is considered. Reference is made to four knowledge areas that seem particularly meaningful: (1) the scientific method used in approaching the solution of problems: (2) concepts of ego psychology and the application to social work; (3) the concept of the developmental stages of life and the tasks which are involved in each stage: and (4) the learnings from crisis intervention theory. The means of putting this knowledge into operation are discussed. Three interrelated areas are involved in social work with the aged: communication, assessment, and change. It is believed that the social worker must apply the required skills to successfully accomplish these tasks. Problem solving is a principal concern of this discussion, but other responsibilities of social work are given importance, also. These include working toward the enrichment of life for clients and helping people to reach their potential for achievement and happiness. The aged, each in his own way, still have the need and the capacity to grow. Part of the job of the social worker is to help the aged live fully until they die. 16 references.

**135. Briscoe, O.V. Some observations on personality disorder in a forensic setting.** ***Australian and New Zealand Journal of Criminology*** **(Melbourne), 3(1):39-44, 1970.**

The variety of clinical manifestations of personality disorder in persons convicted of criminal offenses are discussed, emphasizing the difficulties in determining the type, degree, and validity of the psychopathic disorder and the indications for treatment that face the forensic psychiatrist. It is stressed that the term psychopath encompasses a broad span of meaning, and that no standard approach to treating such individuals can be applied. In addition, the violent nature of these persons often causes them to be excluded from psychiatric hospitals and further complicates the nature of their treatment. It is concluded that no patient suffering from a disorder falling within psychiatry's ambit should be denied admission to some psychiatric hospital in an emergency simply because he is or has been difficult to handle. Emergency facilities should be available in each locality for every psychiatric emergency. If medical authorities do not provide such facilities, these patients may be dealt with by the police, the courts, and the correctional services. This may be right, but it should be a consciously reached and stated policy decision; it should not happen by default. 5 references.

**136. Brodlie, Jerome F. Drug abuse and television viewing patterns.** ***Psychology,*** **9(2):33-36, 1972.**

An investigation of the relationship between drug abuse and television viewing patterns of adolescents primarily involved with marihuana and hashish every day after school or on a constant weekend basis is presented. Data indicating that the type of drugabuser studied tended to view television more than a control group not involved with drug abuse and a control group of mixed pathology cannot be interpreted as proving or even implying a cause and effect relationship. Many intermediary factors could explain the relationship between television viewing and drug abuse. On the other hand, perhaps excessive television viewing plays some role in the development of a lifestyle which seeks pleasure and passivity simultaneously. If the child is allowed to watch television on demand, his boredom or anxiety level will not reach proportions necessary to motivate him into activities; the television viewing would then serve as a force modifying the anxiety of the child and his need to cope with boredom by active involvement in activities. In that respect, both television viewing and the type of drug abuse patterns investigated could be viewed as anxiety defenses which are reinforced by the decreased anxiety of turning on. 4 references.

**137. Brody, Stanley J. Common ground: Social work and health care.** ***Health and Social Work,*** **1(1):16-31, 1976.**

The failure of traditional medicine to cope with chronic illness and stress is discussed in terms of broadening health care goals so that they increasingly resemble those of social work. It is suggested that in the integrated social health services systems, the social work profession must not only delineate the responsibilities it wants to assume, but also assemble hard data to justify its choices. 33 references. (Author abstract modified)

**138. Brody, Stanley J.; Finkle, Harvey; and Hirsch, Carl. Benefit alert: Outreach programs for the aged.** ***Social Work,*** **17(1):14-23, 1972.**

Benefit Alert, an outreach program launched in 1969 to enable older people in Philadelphia to take advantage of material benefits offered under existing State and Federal legislation, is discussed. An implicit goal of the project was to test a governmental agency's ability to be an advocate for the poor. The conclusion is that rigid retention of the work ethic, in the face of need and the loss of work roles as a consequence of old age, borders on pathology for both the aged individual and society. The work ethic represents a deeply ingrained morality underlying the maintenance of current American institutions. Both the provision and acceptance of public assistance conflicts with this ethic. It is improbable that within the institution of public assistance there can be an advocacy role for work ethic dropouts. 41 references.

**139. Brody, Sylvia, and Axelrad, Sidney. Anxiety preparedness: Patterns. In: Brody, S., ed. *Anxiety and Ego Formation in Infancy.* New York: International Universities Press, 1970. pp. 56-77.**

Anxiety preparedness is viewed as an adaptive reaction to penetration of the protective shield by both active and passive accomodation to stimuli and by an emerging tendency to appeal for help when stimuli become excessive. Concomitantly, the first conscious effect aroused, in appropriate instances, in efforts to turn away from or to blunt stimuli perceived to be noxious, or in pursuit of comforting stimuli, is anxiety. From an early period of infancy on, this anxiety can be a rudimentary form of signal anxiety which, turned outward, is an undifferentiated cry for the mother; turned inward, it is a silent summoning of a prototypical defense. A series of clinical observations in support of this point of view is presented. (Author abstract modified)

**140. Brosin, Henry W. Adolescent crises. *New York State Journal of Medicine,* 67(14):2003-2013, 1967.**

Few of the topics discussed by the symposium's five panelists are examined. The study of the problems of adolescence is greatly hindered by the lack of comprehensive concepts and basic data and the resultant necessity to make formulations about limited populations. The problems of adolescence are an extremely complex result of a long chain of motivations. The biologic approach must be coordinated with sociocultural concepts to achieve an understanding of adolescence as a transitional state. The effect of the child's long period of dependency should be examined: the behavior patterns of the postadolescents who are able to adapt with flexibility to varied situations as well as of those who revolt against society should be scrutinized. The changing socioeconomic structure of society confronts the adolescent with conflicts and the necessity to construct new value systems. All adults who play a role in the life of adolescents must help provide the latter with guidelines and support; they must attack the large socioeconomic problems. In the treatment of disturbed adolescents, professionals must employ individual psychodynamics. In reaction to the foregoing essay, it is emphasized that adolescent crises must be viewed on multiple levels. Adolescents must be imbued with a certain flexibility in order to meet various crises. Professionals must accommodate their old knowledge to the concepts of social change, new parameters, and new ways of thinking. 40 references.

**141. Brown, David Benjamin. The interrelationship among social sensitivity, interpersonal competence and accurate empathy in fourth and sixth grade boys. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-15700 (HC, $10; MF, $4).**

The hypothesis of a unitary structure among social sensitivity, interpersonal competence, and accurate empathy as measures of interpersonal sensitivity in fourth- and sixth-grade boys was tested. Ages ranged from 9.1-9.9 years and 11.1-11.9 years; IQ's of the two groups differed; and samples were white upper middle-class socioeconomically. Rothenberg's Test of Social Sensitivity, Rothenberg's Measure of Interpersonal Competence, and accurate empathy were used as measures. It was found that: (1) The three measures were independent, and the hypothesized significant relationship between them was not supported; (2) three common factors to the two groups were found in measures of social sensitivity, teacher ratings of interpersonal competence, and interpersonal dimensions of leadership and friendliness independent of rater in the sixth grade; (3) combination of sensitivity and cruelty was independent of the type of rater in fourth graders but not in sixth graders; (4) social sensitivity and accurate empathy were related to age; (5) IQ was significantly correlated with social sensitivity and teacher ratings of leadership in the older group, and with peer ratings of leadership, sensitivity, mean peer ratings, and teacher ratings of sensitivity in the younger group. (Journal abstract modified)

**143. Brown, Jeannette A., and MacDougall, Mary Ann. Simulated social skill training for elementary school children. *Elementary School Guidance and Counseling,* 6(3):175-179, 1972.**

An instructional system in which pupils, counselors, and media components are interrelated is described. Videotapings presented behavioral roles of pupils in the process of group problem solving. Each participating student individually responded to the videotapes using a programed materials format. The pupils then met with a counselor in a group discussion to evaluate the information that had been individually acquired from their interactions with the videotapes and programed materials. The major objectives of the system were to develop in children the ability to observe a variety of pupil behaviors in group problem-solving situations, identify and analyze the relationships of various behaviors to the success of the group in its problem-solving task, and generalize the implications of these observed behaviors to other settings. 12 references.

**144. Brown, William N. Alienated youth. *Mental Hygiene,* 52(3):330-336, 1968.**

One of the problems of contemporary society is that many people do not find a place in the mainstream of living. Many of these people are between the ages of 16 and 21 years and can be categorized as alienated youth who are unable to make the adaptations to ensure survival in a complex, competitive social order. Caught up in this turmoil, these young people are nonplused, frustrated, and embittered. They give up and move to another world—their own stream, or rivulet, or cesspool. Who are the alienated? They are the underachievers in education, the underemployed in industry, the school dropouts, the unemployed, the delinquents. There are five pressures that make for alienation in youth: the trend toward urbanization, the egalitarian thrust, the drive to "succeed," the concept of "fit," and the absence of caring. The results of alienation are mostly poverty, delinquency, and illness. Alienation thwarts productivity, demeans the sense of self, and renders the individual an undue burden to his society.

**145. Brulleman, L.H. Group-therapy with epileptic patients at the "Institut voor Epilepsiebestrijding." *Epilepsia* (Amsterdam) 13(1972):225-231, 1972.**

The use of client-centered or nondirective (Rogerian) group therapy with patients with epilepsy and concomitant problems in social adjustment is reported. The group comprised seven patients hospitalized at the Institut voor Epilepsiebestrijding, Netherlands. All the patients were referred to the institute because of therapy-resistant seizures. Simple modification of their drug regimens in these cases turned out to be insufficient. The behavior of the group, the behavior of the individual members, and conclusions to be drawn are discussed. A major obstacle to psychotherapy is the inclination of the patients to blame all their behavior problems on their illness (epilepsy). The experiment is regarded as encouraging. Psychotherapy forms a useful adjunct to the strict pharmaceutical approach of former days, though a control group and followup will be needed to prove these points. 4 references. (Author abstract modified)

**146. Bruner, Jerome. Up from helplessness. *Psychology Today*, 2(8):30-33, 66-67, 1969.**

The early investigations and skills acquired by infants to prepare them for cultural exchange as adults are outlined. The infant develops: (1) voluntary control of his behavior, (2) internal control over attention, (3) the ability to carry out several lines of action simultaneously, and (4) the use of language, and an understanding of kinship arrangements and economics. It is suggested that the infant's behavior is intelligent, adaptive, and flexible from the start, and that although the degrees of freedom the child can control at first may be slight, the strategies he devises for working within his limitations are typical of a species that plainly is different from other primates.

**147. Bryant, Clifton D. *Social Problems Today: Dilemmas and Dissensus*. Philadelphia: Lippincott, 1971.**

This reader, designed for use in undergraduate courses on social problems, includes material on alienation and disaffection, bureaucracy and mass society, automation and industrialization, competition and inequity, status striving, economic competition, and struggles for equality. Examples of institution ineffectiveness are drawn from courtship and marriage, the family, education, the police, prisons, courts, and small business. A section on problems of addictive withdrawal includes material on alcoholism, the family and alcoholism, adolescence and alcohol, marihuana, and drug addiction. The feminist movement, the Students for a Democratic Society, the Student Nonviolent Coordinating Committee, and student protest are discussed. Problems of destructive disorder considered include descent from militance to crime, the delinquent gang, ghetto rioting, pathological cruelty, and general perspectives on law enforcement and justice, crime, and violence. 71 references.

**148. Buchmann, Anna Marie. Family madness. *Voices: The Art and Science of Psychotherapy*, 8(1):64-67, 1972.**

A therapist describes her reactions to the psychotic illness of her twin sisters and her role conflict in helping her family deal with the crisis without infringing on the therapists in charge.

**149. Buckle, Roger. Psychotherapy with university students.** ***Australian and New Zealand Journal of Psychiatry*** **(Carlton, Australia), 6(2):120-124. 1972.**

The developmental psychopathology which often affects the university student is discussed, as is a psychotherapeutic approach for treating this condition. Due to the circumstances surrounding his university education, the university student undergoes a delayed or extended adolescent phase of development. A unique psychopathology develops from the problems created by the artificial prolongation of maturation. Problems such as a fear of loneliness and the fact that what has been relatively secure and stable must be given up for something potentially more desirable but much less certain may lead to regressive behavior. The realization that ideas of fantasy must compromise with demands of reality contribute to this tendency toward regression, which results in a feeling of being unable to cope and a failure in object relations. Ego regression may assume two forms at this time, one narcissistic and the other openly aggressive and demanding. The therapist helps the student not only in terms of his own ego progression, but in terms of adapting to the university environment. The goal of the long term therapy is to increase the student's capacity to tolerate anxiety and depression and reorganize deferences toward more adaptive, less narcissistic aims. A close relationship is quickly established and the therapist assumes great authority and importance in the student's emotional life. Problems may arise in conjunction with frequent vacations and examination periods and the fact that it is not fashionable among students to go into therapy. The therapeutic process will also be influenced by countertransference variables. 23 references.

**150. Budoff, Milton, and Liebowitz, Joel. Tolerance for stress among institutionalized mildly retarded adolescents.** ***Journal of Consulting Psychology,*** **28(4):333-341, 1964.**

Two experiments dealing with the ability of a sample of institutionalized borderline and mildly retarded patients to tolerate mild and severe degrees of stress were conducted. Subjects were selected from a pool of 90 adolescent patients of both sexes, and consisted of 4 groups selected by the ratings of nursing personnel along 2 dimensions: (1) good and poor adjustment to the authority structure of the institutionalized dormitory, and (2) good or poor internalized control of behavior in the dormitory. Experiment 1 used mild stress, administered by a mirror-tracing task, while experiment 2 used severe stress, consisting of hand cooling in ice-cold water for 25 minutes. Results indicated that performance on the experiments was poorer for those patients who manifested poorer ad-

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justment to the dormitory and/or poor behavioral control. It was suggested that there is an interactive impact of mental retardation variables and personality variables. 13 references.

**151. Burke, Leocadia Bajek. Coping abilities of parents of moderately retarded children as they relate to the sex of the parent and the age and sex of the child. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-21623 (HC, $10; MF, $4).**

Issues which relate to a parent's ability to cope with a retarded child were examined, stressing the relationship between age and sex of a moderately retarded child and sex of the parent in terms of the latter's personal adjustment and success in the parental role. Findings indicate that sex of the child and the parent and age of the child relate to parental adaptation (as measured on the Tallman Adaptability Scale), adjustment (as measured on the California Psychological Inventory), and overall coping (adaptability and personal adjustment). Sex of parent when isolated from other independent variables related significantly to only one of the coping variables: mothers scored higher on adaptability. Age of child was important when both parents were viewed in combination as a set. Sex of child also has some influence. When the interaction of sex of parent and child and age of child was analyzed, the most striking relationships emerged. Finally, age of parent and degree of child's retardation were not significantly related. (Journal abstract modified)

**152. Burns, S.J., and Offord, D.R. Achievement correlates of depressive illness: A study of school records and social mobility. *Journal of Nervous and Mental Disease,* 154(5):344-351, 1972.**

Achievement correlates of depressive illness were explored. The school records of 20 females with severe depressive reactions, 35 of their siblings, and 49 matched controls were analyzed with regard to childhood IQ, scholastic failure, and last grade completed. Social class data of 25 severe female depressives, their 83 siblings, and their fathers were obtained from interviews and analyzed for mobility. The results of the study suggest that severe affective disorder in adulthood is not characterized by marked childhood antecedents. Further, when a psychiatric illness has significant childhood antecedents, it will be characterized by downward mobility antedating the overt onset of the disease as occurs in schizophrenia and psychopathy; and when a psychiatric illness has no significant childhood antecedents, it will be characterized by no downward mobility as in depressive illness or downward mobility

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secondary to the disease itself, for example, Huntington's Chorea. 32 references. (Author abstract modified)

153. **Burnside, Irene Mortenson. Crisis intervention with geriatric hospitalized patients.** ***Journal of Psychiatric Nursing and Mental Health Services,*** **8(2):17-20, 1970.**

Aged persons in a convalescent hospital frequently experience stress situations. A simplified guide to use in working with aged, hospitalized patients is presented which uses some of the principles of brief psychotherapy and crisis intervention. The theme of loss will be the most familiar theme heard from the aging person, and though the losses are many and varied, the main loss includes death of a "significant other." Understanding the dynamics of depression in the aged individual and the ability to operationalize research studies in the area of grief are useful to the nurse therapist working with the aged individual in stress situations. 13 references. (Author abstract modified)

154. **Burton, Arthur.** ***Encounter: The Theory and Practice of Encounter Groups.*** **San Francisco, Jossey-Bass, 1970.**

The theory and practice of encounter groups are covered by a broad sample of group leaders. The encounter movement represents the Judeo-Christian emphasis on individualization. The encounter group is a treatment modality designed for normal people, growth experiences, and social problem solving, stressing the here and now experience of genuinely interdependent relationships. People risk responsiveness in the service of responsible involvement. By such techniques as strength bombardment, space exploration, fantasizing, body contact, and tradition innovation, people are helped to tune in on themselves and one another. Community develops from congruence, confrontation, and authenticity. It is noted that group leaders should be trained in psychotherapeutic methods and that the encounter group is an instrument designed primarily for bored, lonely, intellectual middle-class people.

155. **Caffrey, Bernard. A multivariate analysis of sociopsychological factors in monks with myocardial infarctions.** ***American Journal of Public Health and the Nation's Health,*** **60(3):452-458, 1970.**

An analysis of 644 monks between the ages of 40 and 64 was made to determine how coronary heart disease is related to the behavioral factors of myocardial infarctions. Subjects were divided into five groups for statistical analyses: (1) MI (myocardial infarction) cases, (2) Benedictine priests, (3) Benedictine Brothers,

(4) Trappist priests, and (5) Trappist Brothers. Multivariate statistical techniques of analysis of variance, factor analysis, and discriminant function analysis were used to control statistically for possible interrelationships among the variables. A 6-factor solution resulted from the analysis of the 43 by 43 matrix of correlations. The items which defined the factors were: (1) responsibility levels, (2) type A behavior (of the Jenkins Scale) pattern, (3) personal adjustment, (4) family background, (5) physical activity in work, and (6) physical activity in exercise. Findings confirmed that a complete understanding of the etiology of myocardial infarction requires consideration of sociobehavioral factors. The results support the hypothesis that behavioral variables are related to coronary heart disease. 20 references.

**156. Cain, Lillian Pike, and Staver, Nancy. Helping children adapt to parental illness. *Social Casework,* 57(9):575-580, 1976.**

The emotional stresses that children of kidney transplant patients may undergo and the three strategies by which parents can help their children cope with these anxieties are discussed. These three adaptive strategies are: (1) obtaining information, (2) maintaining a satisfactory internal state, and (3) maintaining freedom of action. A series of conferences between hospital personnel and the patient's family (both with and without the children) are recommended for helping the family adapt to the emotional stresses of the illness. Data and recommendations from followup interviews with parents are presented. 12 references.

**157. California Department of the Youth Authority; Mahan, Joann; and Andre, Carl R. *Progress Report on the Differential Education Project—Paso Robles School for Boys.* Sacramento: Department of the Youth Authority, 1971.**

A progress report on the differential education project at the Paso Robles School for Boys, in which an attempt is made to identify teaching methods most appropriate to youngsters of five delinquent subtypes is presented. Considerable research has indicated that school can only be personally meaningful if an affective dimension is present in the learning experience. The project is designed to test the hypothesis that grouping students by I-level classification and assigning them teachers with matched teaching styles will facilitate the inclusion of this affective dimension into the school experience. Four project classes were formed: 13 manipulator and cultural conformist (1 teacher handles both subtypes), 13 immature conformist, 14 neurotic acting out, and 14 neurotic anxious. Three classes from the regular school program (grouped heterogeneously by I-level classification) were used as comparison groups. The first year of the project had a positive impact on students, teachers, and the school program. The data point in the direction of greater interpersonal competence among project students. Several additional educational benefits, which are not shared by nonproject students, also accrued to those in the project. Individual educational profiles were developed which assist the project teacher in meeting individual student needs. Further verification of the findings must occur, as well as continued development of curriculum and refinement of teaching strategies. 3 references.

**158. Caplan, Gerald. Patterns of parental response to the crisis of premature birth: A preliminary approach to modifying the mental-health outcome. *Psychiatry*, 23(4):365-374, 1960.**

Patterns of parental response to the crisis of premature birth were studied. The types of response to the crisis of prematurity were derived from an analysis of the interview data on 10 cases. These were selected from the sample of 30 intensively studied cases on the basis of the following two criteria: (1) The premature babies had a birth weight of less than 4 pounds, and (2) the records were sufficiently detailed and covered enough relevant topics so that the case could be assigned unambiguously to an extreme category of healthy or unhealthy outcome. Of the 10 cases, there were 4 in the category of healthy outcome and 6 in the category of unhealthy outcome. The two groups did not differ in age, socioeconomic class, intelligence, ethnic group, etc. The cases were classified as having a healthy outcome if all the family relations were as healthy as or more healthy than before the birth of the baby and if both the mother-baby and the father-baby relationships were healthy. Cases were classified as unhealthy if either the mother-baby or father-baby relationship was judged to be unhealthy, or if there was a significant worsening of any of the other family relationships. The patterns of responses were divided into three groups, each of which focused on a different cluster of topics and helped to answer different kinds of questions: (1) cognitive grasp of situation, (2) handling feelings, and (3) the provision of help with tasks and in dealing with feelings. In those cases which had a healthy outcome, the parents continually surveyed the situation, obtained as much information as possible, recognized their negative feelings, and actively sought help. In those cases with an unhealthy outcome, the patterns of responses were opposite.

**159. Caplan, Gerald; Mason, Edward A.; and Kaplan, David M. Four studies of crisis in parents of prematures. *Community Mental Health Journal,* 1(2):149-161, 1965.**

The responses of 86 families to the birth of a premature baby were investigated. The family members were seen at regular intervals. A healthy outcome was defined as being characterized by evidence that all dyadic relationships among family members were at least as healthy as they had been prior to the premature birth. An unhealthy outcome represented the opposite situation. There were three distinct categories of grappling: cognitive grasp of the crisis situation, handling feelings, and obtaining help. The data for the second study consisted of interviews during the first 5 days following the birth of the baby. A prediction was made of the quality of mother-child relationship to be found 6 weeks after the baby would be home from the hospital. Of the 19 mothers in which both prediction and outcome ratings could be made, 10 of 11 predicted to have a good outcome and 7 of 8 predicted to have a poor outcome were confirmed. The third study was a qualitative analysis of the records of the cases collected. The following four tasks were postulated: (1) the preparation for a possible loss of the baby; (2) the mother's recognition and acknowledgment of her feelings of failure due to not delivering a normal full-term baby; (3) the resumption of the process of relating to the baby; (4) the challenge of understanding how a premature baby differs from a normal baby in terms of its special needs and growth patterns. In the fourth study, task accomplishment was related to mental health outcome. Of the 30 cases, 13 of 18 judged to have a good outcome were accurately predicted; 9 of 10 rated poor in outcome were confirmed; and the 2 cases of very poor outcome were correctly predicted. 33 references.

**160. Cargile, Lee Lane. The relationship of counselor self-acceptance to counselor effectiveness as found in secondary school counselors employed in four counties of northwest Arkansas. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-27672 (HC, $10; MF, $4). 81 pp.**

Whether or not effective school counselors were more self-accepting than ineffective counselors was ascertained. Each counselor took the Tennessee Self Concept Scale (TSCS) to measure level of self-acceptance and was rated by his principal and his practicum supervisor. Ten counselees of each counselor completed Barrett-Lennard's Relationship Inventory, and practicum supervisors also rated the counselor on this instrument. The principal rated each counselor on effectiveness, and counselors also kept records of self-referrals received during a 1-month period. The general hypothesis of a relationship between self-acceptance and effectiveness as a counselor was not supported at a significant level, although some trends were indicated by the correlations. Supervisors viewed female counselors as being more congruent and rated counselors who acknowledge self-criticism higher than those who did not. Ss scoring high on the TSCS were rated higher by supervisors, and principals preferred counselors with low self-concepts. Finally, girls perceived counselors as offering higher levels of regard, empathic understanding, and congruence; and both sexes preferred counselors who were consistent in their self-descriptions on the TSCS. (Journal abstract modified)

**161. Carruthers, Malcolm. Biochemical responses to stress in the environment. *Proceedings of the Royal Society of Medicine* (London), 68(7):429-430, 1975.**

At the January 15, 1975, meeting of the Royal Society of Medicine, a paper discussing the biochemical responses to stress in the environment and the concept of stress as a primary cause of disease was presented. Although some discussion was provided concerning early animal tests of adrenomedullary responses, mammalian responses to anxiety, aversion, and thermal and physical stress were presented in greater detail. Biochemical responses addressed included electrocardiogram changes, increase in blood glucose, nonadrenaline secretions, and plasma lipid levels. Physical stress, it was noted, causes the release of catecholamines without a consistent rise in either lipid or glucose levels. It was concluded that helping man to live in conformity with his nature through exercise and relaxation techniques, rather than through drugs, constitutes the answer to the problem of coping with stress. 8 references.

**162. Carson, D.H., and Drier, B.L. A summary of an ecological approach to environmental stress. *American Behavioral Scientist*, 10:8-11, 1966.**

An attempt is made to summarize various approaches to environmental stress. The physical, neurophysiological, and problem-solving models of stress are discussed. It is readily apparent that there is no generally accepted theory of stress. Commonly accepted by all theories is the role of the sympathetic nervous system coupled with the adrenal glands. This is called the mobilizing system. The reticular activating system serves a nonspecific function of arousal. Every stimulus has two functions: arousal of action and direction of action. Various environmental stressors are discussed such as radiation, lasers, pesticides, air pollution, temperature, and noise.

The reader is reminded that stressors may be multiplicative, or additive, or may cancel each other. Because of the diversity of experimental conditions and settings of studies reviewed, it has not been possible to develop a set of rules to guide future research. However, the need for multivariate research is clear.

**163. Carson, Doyle I., and Lewis, Jerry M. Factors influencing drug abuse in young people. *Texas Medicine,* 66(1):50-57, 1970.**

Factors influencing drug abuse in young people include the increased use of drugs (such as sedatives, tranquilizers, barbiturates, amphetamines, and alcohol) by adults. In the evolution of a chemically oriented culture, drugs are used by both adults and adolescents as an easy way to cope with psychological stresses that were nonexistent a few decades ago. Little is known of the effect of family factors and the influence of the family system in the drug abuse problem. Individual factors in drug dependency are underachievement, loneliness, mistrust and fear of closeness, identity problems, sexual conflicts, the dependence versus independence struggle, rebellion, aggressive feelings, and self-destructive tendencies. Each is discussed in some detail. 15 references.

**164. Carson, Samuel A. Pavlovian and operant conditioning techniques in the study of psychosocial and biological relationships. In: Levi, L., ed. *Society, Stress and Disease.* Vol. I. London: Oxford University Press, 1971. pp. 7-21.**

The elucidation of the interaction between environmental and genetic factors in the responses of higher organisms to repeated psychologic stress was studied through the utilization of classical and operant conditioning techniques on several breeds of dogs and simultaneous measurements of a number of behavioral, neuroendocrine, and biochemical parameters. An attempt was made to investigate not merely isolated functions but also a series of integrated adaptive reactions to environmental changes and the transformation of such adaptive functions into maladaptive patterns when the subjects were repeatedly exposed to symbols of stress without an opportunity of achieving consummatory adaptive responses. Specifically, the following were investigated: the discordance between conditional visceral and motor defense responses; individual differences in psychovisceral reactions; the adaptive significance of the tetrad of responses of antidiuretic dogs to an aversive environment; and the psychophysiologic reactions to unavoidable and avoidable nociceptive stimuli. The results suggest that exposure to unavoidable stress or insoluble problems may lead to the development of a state of anxiety in organisms with certain constitutional makeups. 74 references.

**165. Cassel, John. Physical illness in response to stress. In: Levine, S., ed. *Social Stress*. Chicago: Aldine Publishing, 1970. pp. 189-209.**

Some of the evidence supporting the contention that social stress factors are important as determinants of health status is reviewed and research needs are indicated. Animal studies suggest that the group takes on an identity as a distinct entity that tends to be distinguishable physiologically not only from other groups larger and smaller than itself but also from other groups of the same size, and that while every physical environment may elicit its own characteristic mean level of environmental stimulation, social factors become the predominant determinants of this stimulation above a certain population density. These stimuli, while not necessarily emotionally disturbing, can produce important physiological changes and alteration in susceptibility to disease manifestation. Although responses to such stimulation will be determined in part by genetic factors, they will also be influenced by position in the group as well as by previous experience. The work on tuberculosis, schizophrenia, accidents, and suicide in humans provides some evidence of the importance of group membership, while the data on distribution of blood pressures and coronary heart disease may indicate the potential importance of degree of preparedness of populations for new and unfamiliar situations. These studies, however, do not make very explicit those attributes of group membership or the nature of the social situations that strain the adaptive mechanisms and lead to variations in physiological response. A potentially fruitful approach to identifying those relevant attributes can be found in a number of studies concerned with the degree to which individuals occupy positions that expose them to ambiguous or conflicting stimuli. Research in this area is still in its infancy and the results are only suggestive. 65 references.

**166. Cermak, Ida, and Slany, Edda. Das Ekzemkind und seine Familie. [The eczematous child and its family.] *Wiener Medizinische Wochenschrift* (Wien, Austria), 121:592-595, 1971.**

The relationship between the eczematous child and its family is discussed. Fifty small children with atopy were treated by dermatologists. Thirty cases revealed a genetic disposition; 24 eruptions had been preceded by a family crisis. The majority of mothers had difficulties in empathy toward the child. From the psychoanalytic viewpoint, the mothers were anally fixated, excessively clean, precise, and orderly. They responded to the child's dirty disease with strong defenses and increased stress on cleansing procedures. Group therapy seemed urgently indicated for the mothers. 5 references. (Author abstract modified)

**167. Chamberlin, Cecil. Youth and drugs. *Menninger Quarterly*, 23(4):12-21, 1969.**

Youth or adolescence is not a separate entity in the growth and development of children. Also, there is no gap between generations. Generations exist in a continuum and are related closely by events which preceded them and which will follow after them. Adolescence is a time period of life when the child is rebellious and action oriented as a result of the need to cope with physiological and psychological changes he is undergoing. Several developmental tasks need to be accomplished by the child, including finding a new way to cope with inner tensions. He must also begin to separate himself from his parents. A later task is the need to find an acceptable identity for himself. Delinquent behavior may result from the need to accomplish these tasks. The increasingly popular use of drugs by adolescents may be a way for the youth to express and establish a new self-identity. A subculture in a world of drugs has developed which is the province of youth. Adults know little of this world. Only through public disclosure, when the adolescent runs afoul of the law, is there the publicity which brings home to parents the widespread use of drugs. For young people, the use of drugs is mostly an experimental way of reducing tensions since the traditional social aspects of society, the home and religion, cannot accomplish it. Youth holds the answers to the problems of our society, and we should be listening to what they are saying, since progress in the future can only be accomplished by the idealistic and courageous young people. 1 reference.

**168. Chandler, H.M. Family crisis intervention: Point and counterpoint in the psychosocial revolution. *Journal of the National Medical Association*, 64(3):211-216, 224, 1972.**

Some of the theories and practices of the Crisis Intervention Service (CIS) are described. The CIS operates in a general systems framework and views an individual, a dyad, a triad, a family, or a community at a given moment as the steady state of a variety of biological, psychodynamic, psychosocial, and environmental influences in an open system. The theoretical and philosophical approach of Erik Erikson is used. Family crisis therapy conducted by cotherapists is the treatment of choice. The cotherapists were of different disciplines and, whenever possible, one was male and one was female. Typically, a family was seen for a flexible maximum of six visits. The emphasis was shifted from the identified patient to the total family; the situation was defined as a family crisis and family dynamics, including relationships, roles, rules, and responsibilities, were explored. The types of cases treated by the Grady CIS varied from simple drunkenness to alcoholism and addiction, through marital and other situational problems, to acute psychosis and suicidal depressions. Considering the stress, the dynamics, and the relationships, the family was given some specific directive or task at the first session. Whether or not the directive was followed was a good indication of the nature of the therapeutic relationship, and treatment was adjusted accordingly. Immediate availability and frequent appointments begun early are crucial in maintaining relationships in this form of treatment. The termination is viewed as the most crucial stage of therapy because there is a possibility of meaningful resolution of the dependency needs and conflicts which are universal in all human conditions including the crisis state. If a complete or hard termination can be achieved, the patients are more likely to leave treatment with a significantly higher adaptive capacity for handling future stresses and the inevitable crises of life. 17 references.

**169. Charbonnier, Gabrielle. Quelques aspects cliniques de l'homosexualite. [Some clinical aspects of homosexuality.] *Action et Pensee* (Nyon, Switzerland), 45(4):9-16, 1969.**

The psychoanalytic viewpoint with respect to homosexuality and some of the clinical aspects are presented. According to Freud, there are latent homosexual tendencies in everybody, and the terms "masculine" and "feminine" as applied to the personality are difficult to define. Our unconscious homosexuality is manifested during adolescence and constitutes a normal step in development. Most frequently, this homosexuality is of a narcissistic nature. Jung's theories regarding this stage of development are concerned with the separation of the child from the mother and view homosexuality as a part of the sex education of man. The persistence of this stage is regarded as a persistence of infantile mentality. In the female, the mother remains the desired object and orients the daughter toward homosexuality. Some homosexuals are described with relation to their fantasies and the interpretation of their problems.

**170. Chein, Isidor; Gerard, Donald L.; Lee, Robert S.; and Rosenfeld, Eva. Personality and addiction: A structural perspective. In: Chein, I., ed. *The Road to H: Narcotics, Delinquency, and Social Policy*. New York: Basic Books, 1964. pp. 193-226.**

An attempt is made to answer the questions: What kinds of persons are the adolescent addicts, and why do they use drugs? Previous studies point to a remarkably coherent characterization of the teenage addict: The addiction of the adolescents observed was an extension of, or a development out of, long-lasting, severe personality disturbance and maladjustment, and the addiction was adaptive, functional, and dynamic. This study deals with the pathological structure of the addict and how it relates to the how and why of drug use. Aspects considered are : personality disturbance and adjustment (overt schizophrenia, incipient schizophrenia, and inadequate personalities); ego pathology (response scope, synthesis, purposeful action); narcissism (deficiency in healthy self-regard, prior social adjustment, the projected self-image, defensiveness, relatedness to others, persistence of a narcissistic relationship with the mother); and disturbance of sexual identification.

**171. Chess, Stella; Thomas, Alexander; and Birch, Herbert G. Behavior problems revisited: Findings of an anterospective study. In: Harrison, S., ed. *Childhood Psychopathology.* New York: International Universities Press, 1972.**

The genesis and evolution of behavior problems and theories related to them, are examined in a longitudinal study of individuality in behavioral development. The findings are applied to identify temperamental patterns to facilitate parental understanding and effective dealing with individual differences in children. The data suggest that anxiety, intrapsychic conflict, and psychodynamic defenses, when they do appear in the course of behavior problem development, are secondary phenomena which result from the stressful, maladaptive character of an unhealthy temperament environment interaction. The findings also challenge the validity of the assumption that a child's problem is a direct reaction of a one-to-one kind to unhealthy maternal influences. The conclusion that an excessively stressful maladaptive temperament environment interaction constitutes a decisive element in the development of behavior problems suggests that treatment should emphasize the modification of the interactive process so that it is less stressful and more adaptive.

**172. Chess, Stella; Thomas, Alexander; and Birch, Herbert G. Behavior problems revisited: Findings of an anterospective study. *Annual Progress in Child Psychiatry and Child Develment,* 1:335-344, 1968.**

Results of a longitudinal study of individuality in behavioral development are briefly summarized, emphasizing the genesis and evolution of emotional problems and test results of the validity of a number of theories. It was found that an excessively stressful maladaptive temperament environment interaction constitutes a decisive element in the development of a behavior problem. This suggests that treatment should emphasize the modification of the interactive process so that it is less stressful and more adaptive. This requires first of all an identification of the pertinent temperamental and environmental issues. Parents can then be armed with this knowledge in the service of modifying their interactive pattern with the child in a healthy direction. Parent guidance rather than parent treatment should be the first aim. If the parent cannot learn to understand his child and utilize this understanding effectively, it then becomes pertinent to inquire into the factors which may be responsible for such a failure of parent guidance. Such failures are usually in a minority. Most parents do appear able to cooperate in a parent guidance program. When this is accomplished, the parent and psychiatrist can truly become allies in the treatment of the child's problem. 15 references.

**173. Ch'i, I Cheng, and Chang, Li Na. How to deal with adolescent children (1). *Popular Medicine Monthly* (Taipei), 21(9):280-284, 1971.**

The nature of parent-adolescent conflict is examined and means to create an atmosphere of peaceful coexistence and mutual respect in the home are suggested. Patterns of adolescent thinking are discussed. The typical adolescent is preoccupied with himself, with problems of life and death, and with the need to establish his own identity. The parent must, on the one hand, provide sympathy and receptiveness to the anxiety of the adolescent and, on the other, avoid displaying excessive understanding. Since the adolescent is convinced that his own problems are unique, it is futile and even counterproductive to try to persuade him that all adolescents have similar fears and preoccupations.

**174. Christ, Jacob, and Goldstein, Shirley. Four techniques in dealing with psychotic disorders in the outpatient clinic. *Mental Hygiene,* 54(1):105-108, 1970.**

Four major modes of dealing with the problems of the psychotic outpatient in a community-oriented clinic setting are outlined. Supportive methods can be carried out either individually or in a group setting. Acute crisis intervention, possibly involving hospitalization, is best carried out within the context of a treatment plan and with the family. The interactional setting, often the family of the patient, provides the most important clues as to the meaning of a psychotic syndrome. Assessment of the interaction allows proper planning for treatment, while the assistance of close relatives in the treatment situation often permits progress which otherwise could not be accomplished. 1 reference. (Journal abstract modified)

**175. Christoph, Siegfried. Psychologie und Umweltschutz. [Psychology and environmental Protection.] *Praktische Psychologie* (Lutjensee, Germany), 27(8):177-185, 1973.**

Various kinds of environmental degradation are defined, including the pollution of the elements and overcrowding, and their effects on mental health are considered. Disturbances people have experienced over the last 2 decades are discussed in terms of feelings of insecurity in their natural habitat. Results are serious enough to suggest that by the year 2000 there will be two groups of people left on the earth: the sick and those who care for them. It is concluded that the United Nations should be charged with exerting greater influence on members to protect natural resources and institute pollution control measures. The awarding of prizes equivalent in status to the Nobel Prize for advances in these latter areas is recommended and for service to mankind in bringing peace for the future, a peace based on a sense of security. 16 references.

**176. Ciompi, L., and Lai, G. P. Depression et vieillesse. Etudes catamnestiques sur le vieillissement et la mortalite de 555 anciens patients depressifs. [Depression and old age: Catamnestic studies on aging and mortality in 555 depressive aged patients.] *Problemes Actuels en Psychiatrie, Neurologie,* 1969. Vol. II.**

A statistical followup study of 555 depressive patients of all types aged 65 or over when admitted to the Lausanne Psychiatric Clinic is presented. After a mean interval of 20 years, 127 had survived and 373 had died. The mortality rate for the endogenous and organic depressions is usually found to be higher than for the average population, due to the danger of suicide in those groups. Moreover, most of these depressions appeared at the period of involution and climacterium. In old age, depressions generally show a tendency towards improvement and conditions that have become chronic are only found in one-fifth of the cases. In the aged, depressive signs are replaced by somatic hypochondria. The total psychological situation is generally good in healthy depressives who have retained some measure of activity, whether living with the family or alone. Physiotherapy, work therapy, and the reestablishment of a social milieu are considered far better choices of treatment for aged depressives than placement in a home for the aged.

**177. Cleland, Charles C. Career change and rigidity in hiring practices. *Occupational Mental Health,* 2(2):11, 1972.**

Middle age is compared with adolescence in response to a news item on executive stress, because both ages are periods of adjustment and change. Similar to the adolescent's love problems, the 40-55-year-old reflects a high rate of marital discord, divorce, and

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remarriage. It is suggested that employers emphasize no change in their characterization of employees over 40 years old when they should emphasize continuous growth and development. It is also suggested that organizational hiring people articulate great expectations from this age group and benefit from the productive, creative changes which are occurring.

**178. Coddington, Dean R. The significance of life events as etiologic factors in the diseases of children: I—A survey of professional workers. *Journal of Psychosomatic Research* (Belfast), 16(1):7-18, 1972.**

Events that occur in the lives of children were studied, and an attempt was made to establish the relative value as well as the comparative rank order of different events. A sample composed of 131 teachers, 25 pediatricians, and 87 mental health workers employed in academic divisions of child psychiatry was instructed to rate a series of life events on their relative degree of necessary readjustment for preschool, elementary school, junior high school, and senior high school children. Social readjustment was defined as measuring the intensity and length of time necessary to accommodate to a life event, regardless of the desirability of the event. The birth of a sibling was given an arbitrary value of 500 and the sample was asked to numerically rate the other events as they compared to this one; the geometric mean rating for each item was then determined. The rating behavior of teachers and mental health professionals was also examined and compared. No significant differences appeared in the rank order assigned to the items in any age group by group or subgroup of the sample, although the teachers consistently made higher estimates of the readjustment required by almost all events in the lives of older children. It is concluded that, using the life change units determined during this investigation, a simple measurement of the environmental factors impinging upon a child can be determined quickly and without interviewer bias. The method might also serve as a measure of the capacity of a child to adjust to social-psychological stress, but the need for the compilation of adequate control data is emphasized. While additional research in this area is needed, it appears that the method described has merit as a clinical research tool. 8 references.

**179. Coelho, George V.; Solomon, Frederic; Wolff, Carl; Steinberg, Alma; and Hamburg, David A. Predicting coping behavior in college. *Journal of Nervous and Mental Disease*, 149(5):386-397, 1969.**

This study was designed to predict, by means of the Student-Thematic Apperception Test (TAT), coping behavior and dropout vulnerability among college freshmen. During precollege orientation, 347 entering freshmen randomly selected from various schools of a large State university were administered the student TAT under standardized group testing conditions. From this group 39 dormitory residents were selected who obtained high, low, or mixed student TAT ratings and were interviewed twice during the freshman year. From the selected sample, those who dropped out during the freshman year were interviewed personally and/or by phone. Three years later a followup check of the academic status of the 39 subjects was carried out through their university records, and their student TATs and interviews were compared with those who did not drop out. Interjudge reliability was satisfactory for both student TAT and interview assessments. Results confirmed the hypotheses that precollege student TAT measures of competence would correlate significantly with freshman year interview assessments of coping behavior, and the student TAT ratings would differentiate between students who stayed and students who dropped out. 14 references. (Author abstract modified)

**180. Coelho, G. V., and Stein, J. J. Coping with stresses of an urban planet: Impacts of uprooting and overcrowding. *Habitat, an International Journal* (Great Britain), 2(3/4):379-390, 1977.**

Most of the human race is still rooted in a rural way of life. But if present trends continue, by the year 2000 this will be an urban planet, with more than two-thirds of our race living and working in towns and cities.

To grasp the challenge of behavioral adaptation to such a change, we need to take a species-wide perspective. [1-3] For 99 percent of the time that man has existed, human societies flourished in small populations. For nearly 10,000 years, our habitats were essentially agricultural settlements. The industrial environment became widespread physically and symbolically only recently: it has revolutionized our lives in barely 200 years. Increasingly new stresses are produced by the scale and rate of such changes in our built environment, and new coping skills are needed to meet the sociotechnical demands of modernization.

Human beings develop from immature and dependent organisms into functioning adults according to a program of growth that is longer than that of any other mammal on earth. Such prolonged dependency makes humans highly sensitive and vulnerable to the attention, care, support, and respect of significant people in their social orbit. There are, however, some adaptive advantages to such a protracted dependency. Under favorable conditions, this dependency helps prepare the young to adapt to different environments and to develop a repertoire of coping skills necessary to deal with normal life-crises. 5 references.

**181. Coelho, George V.; Solomon, Frederic; Wolff, Carl; Steinberg, Alma; and Hamburg, David A. "Predicting Competence in College With the Student-TAT: A Prospective Study." Unpublished paper, National Institute of Mental Health, Bethesda, Md., 1968. 30 pp.**

The Student-Thematic Apperception Test (TAT), a new projective technique, which in previous studies differentiated normal and exceptionally competent adolescents from clinically disturbed ones, was used in a prospective study to predict dropout vulnerability and competence in college freshmen. During precollege orientation, 347 freshmen in regular academic status, randomly selected from various schools of a large State university, were administered the student TAT and a questionnaire under standardized group-testing conditions. The student TAT requires subjects to write story responses to 11 recognizably specific college scenes projected on a screen. The questionnaire asked about the student's high school activities, strengths, expected college performance, and the importance attached to college and graduating. From the 347 students, 39 dormitory residents were selected who obtained high, low, or mixed student TAT ratings on the basis of precollege screening which used blind and independent assessments of student TAT stories. Three years later, the academic status of these 39 subjects was checked through university records. The results confirmed that precollege student TAT measures of competence correlated significantly with independent followup interview assessments of coping behavior, and that the low and mixed rating groups were most vulnerable, since they accounted for 17 of the 18 dropouts from the 39 subjects. Neither an interview nor the questionnaire indicated who would drop out. Student TAT measures, however, successfully predicted the most dropout-vulnerable group. An incidental finding was that most of the dropouts were having academic difficulties, but there was no difference in high school averages for dropouts and nondropouts. 14 references. (Author abstracted edited)

**182. Cohen, Donald J.; Allen, Martin G.; Pollin, William; Inoff, Gale; Werner, Martha; and Dibble, Eleanor. Personality development in twins: Competence in the newborn and preschool periods. *Journal of the American Academy of Child Psychiatry,* 11(4):625-644, 1972.**

In order to study personality development in twins, some relations between early constitutional differences and behavior between ages 3.5 and 4.5 were analyzed in five sets of twins. It was shown that early constitutional differences were strongly associated with specific behavioral patterns of preschool-age children.

The group of newborns characterized by good health, physiological adaptation, vigor, good attention, calmness, and normal neurological examinations developed into the better coping, more competent, more trusting, and linguistically more mature preschoolers. The group characterized by problems during the first week of life developed into more fearful and frenetic children. It is suggested that these associations may be shaped in part by the ways in which the constitutional differences and subsequent development of the children relate to life experiences and parental feelings. 21 references.

**183. Cohen, Frances. Psychological preparation, coping, and recovery from surgery. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 76-15145, (HC, $15; MF, $8). 399 pp.**

One hundred and fifty-eight elective surgery patients were interviewed preoperatively and classified into three groups based on whether they showed avoidance, vigilance, or both kinds of coping behavior concerning their forthcoming surgery in a study of the influences of various factors involved in major surgery on patients' recovery from surgery. The factors were: patients' mode of coping with stress, the effects of different types of preoperative psychological preparation designed to influence postoperative coping strategies, and the relevance of general personality trait dimensions. It was concluded that many psychological factors affect recovery from surgery and that the various recovery measures represent different and perhaps independent aspects of the recovery process and are therefore subject to diverse psychological influences. Days in the hospital and negative psychological reactions seemed to be most subject to influence from informational inputs whereas minor complications and pain medications also suggested that the postoperative period may be one in which it is difficult if not impossible to involve patients in any real sense as active participants in their own recovery process. (Journal abstract modified)

**184. Cohen, Pauline; Dizenhuz, Israel M.; and Winget, Carolyn. Family adaptation to terminal illness and death of a parent. *Social Casework,* 58(4):223-228, 1977.**

To further examine the effects of chronic psychological stress on family adaptation to the terminal illness and death of a parent, role definition, communication patterns, and support system utilization of 42 families in which either the mother or father died of cancer were studied. Analysis of data indicated a strong correlation between the free flow of communication and information, and the utilization of internal family support systems. Postdeath family restabilization was found to significantly correlate with freedom of communication and support system utilization. It was also found that in families in which the mother died, patterns of communication were lower and restabilization more difficult. In many cases in which the mother was terminally ill, she had not been informed of the impending death and little open discussion of the illness took place. Data suggest the importance of open communication in overall family adaptation to terminal illness and in postdeath restabilization. Implications of findings to service delivery for these families are briefly discussed. 3 references.

**185. Cohen, Richard L. Pregnancy stress and maternal perceptions of infant endowment. In: Menolascino, F., ed. *Psychiatric Aspects of Mental Retardation*. Seattle: Special Child Publications, 1971. pp. 313-321.**

Several case studies are presented to indicate that stress incurred at any point during the adaptational process of pregnancy may seriously interfere with a favorable outcome of that process. Stress has the effect of distorting the mother's capacity for objective perception of the infant's capacities. Pregnancy stresses are often converted into fears about the infant's or the child's survival or about his state of physiological and functional intactness. Some relationship between the nature of the stress and the subsequent pattern of maternal fears about the child is noted. Recognition of pathological child-rearing attitudes as early as possible is stressed due to significant influence in producing adverse developmental outcome in the child. 10 references. (Author abstract)

**186. Cohen, S.I.; Silverman, A. J., and Shmavonian, B. M. The measurement of human adaptation to stressful environments. *General Systems*, 4:231-241, 1959.**

The measurement of human adaptation to stressful environment was described. In one series of experiments, subjects were exposed to four different periods in which various measures were taken. Period 1 was a resting period, and in the three periods which followed the subjects were exposed to periods of acceleration on a human centrifuge. The level of arousal was determined by the skin resistance method. The subjects most susceptible to the effects of the accelerative forces showed the highest level of central nervous system arousal in the period immediately preceding exposure to the stress. The high level of arousal before and during the gravity (G) stress may have made the low-G tolerance subjects less able to tolerate minimal increases in the stress. Subjects have been exposed to: (1) emotional stresses such as arousing statements which were presented to subjects who were seated alone in a darkened room; (2) physical stresses such as being accelerated on the human centrifuge; (3) injections of various drugs; or (4) combinations of physical, drug, and emotional stresses. Angry states were often associated with an increase in the amount of noradrenaline in the urine. Anxiety states were often associated with an increase in adrenaline. In a series of experiments, subjects were given, at periodic intervals, an injection of water, an injection of mecholyl, and an injection of adrenaline. Heart rate after mecholyl was greater than during the baseline period, the post-water-injection period, and the post-adrenaline period. Skin resistance changes showed greater arousal during the post-water-injection period than during the adrenaline period. Changes in the pressure within a vein were significantly greater following the introduction of charged words and phrases than following bland expressions. 7 references.

**187. Colomb, Georges, and Hamburger, Jean. Psychological and moral problems of renal transplantation.** ***Psychological Aspects of Surgery.*** **Boston: Little, Brown, 1967. pp. 157-177.**

Results of the psychiatric examination of 22 donors in a renal transplantation program are reported. Excerpts from case reports illustrate emotional ties between donors and recipients, plus motivations and evidences of emotional stability or instability in both donors and recipients. Examination of a voluntary donor of a kidney should be comprehensive and should include assessments of emotional stability; the donor should not be subject to external pressure influencing his decision to donate part of his body. Psychiatric examination of each potential recipient is also necessary before transplantation to estimate the patient's capacity for adapting himself to the treatment and to the demanding, prolonged rehabilitation process.

**188. Constandse, William J. A neglected personnel problem.** ***Personnel Journal,*** **51(2):129-133, 1972.**

Many men past 40 years of age go through a difficult phase of adjustment in their careers. The symptoms of this male climacteric period may include: dissatisfaction with work, restlessness and irritability, periods of depression, neglect of their wives, and indulgence in gambling, drugs or alcohol, and financial speculation. At the start of their careers, most men have a tendency to overrate their promotional opportunities or professional capabilities. By the time a man reaches the age of 40 and finds himself in stiff competition with young, ambitious, and skilled college graduates who are pushing hard for advancement, however, it is not unusual for him to feel that he is stuck in a dull job and to experience complete disillusionment if he does not have the necessary advanced education or job rotation possibilities to meet and resolve new challenges. Although many men take the risky step of starting a second career in order to cope with their situation, others have found an equally satisfactory and less whimsical solution to the problems they experience during their climacteric period by taking stock of their own capabilities and redefining their own goals.

**189. Coogan, Joseph P. A matter of life and death—Report on a national training center for suicidologists. *SK&F Psychiatric Reports*, 37:21-23, 1968.**

The Nation's first program designed to teach suicidology has been initiated at the Johns Hopkins University School of Medicine sponsored by an NIMH grant. This constitutes a national training center for people who will participate in local suicide prevention services. Fellows are chosen from key specialties in the mental health field in order that each may contribute something different to the program. It is hoped that students, upon completion of the program, will do research, clinical work, and serve as administrators in the field of suicidology. The program includes work in the hospital's clinics, training in crises intervention, and a range of courses and seminars which consider suicide from the point of view of sociology, anthropology, and psychology. Emphasis is placed on the clinical aspect of the curriculum in order that the participants may learn to recognize the potentially suicidal. The fellows perform "psychological autopsies," investigating definite and suspected suicide cases. This provides an insight into society's attitudes toward suicide. The program is not limited to the study of suicide; it studies all self-destructive behavior.

**190. Coons, Frederick W. The developmental tasks of the college student. In: Feinstein, S., ed. *Adolescent Psychiatry*, Vol. I. New York, Basic Books, 1971. pp. 256-274.**

The nature of psychological development during late adolescence, as characterized by that of the college student, is examined, and factors contributing to instability during this period are suggested. Since late adolescence is a decisive turning point and a time of crisis, it often overtaxes the integrative capacity of the individual and results in adaptive failures, ego deformations, defensive maneuvers, and severe psychopathology. At this time, difficulties in resolving the child-parent relationship may arise, sexual identity must be solidified, personal value systems are formed, the capacity for true intimacy becomes apparent, and a decision must be made regarding a life's work. Those working with college students should constantly be aware of the challenges facing them. It appears from clinical experience that sufficient symptoms of maladaption usually are present in disturbed young people at this stage of development to allow psychotherapeutic intervention at an optimum time. Several personal qualities of the analyst that are prerequisite in dealing with such persons are suggested, as well as some indications for college educators and administrators. 18 references.

**191. Cooper, Atha J.; Newton, M.R.; and Brown, Racine D. The development of behavior control competency in preadolescence: A case vignette. *People Watching*, 1(1):32-36, 1971.**

The activities of a third-party interventionist, a mental health worker related to the school system, are reported. The crisis intervention described focused on sixth grade girls in an elementary school who were fighting, forming hate clubs, and causing the teachers so many discipline problems that it was interfering with the teaching process. The following dimensions are highlighted: immediacy of intervention, trust relationship, structural interventions, facilitating versus controlling, problem-solving orientation, and mobilization of group membership sanctions. It is suggested that the model of the third-party interventionist could be further developed and used by the resources existing in most school systems and that the crisis intervention approach can be effectively used by classroom teachers and school administrators. (Author abstract modified)

**192. Cooper, Cary L. Coping with life stress after sensitivity training. *Psychological Reports*, 31(2):602, 1972.**

The coping behavior of former sensitivity training groups (T-groups) participants and control subjects was examined during a period of stress after training. Psychological stress was assessed in terms of the frequency of visits to the doctor (judged by the doctor to be symptoms of disturbance). In an earlier study with these subjects, there were no significant differences between T-group and controls with respect to the number of visits to the doctor during the terms before and after training. Examination of the data during the time of stress, however, indicated that subjects in the T-group tended to visit their doctors less often with symptoms of stress than did the controls. The results indicate some reduction in frequency of visits to the doctor during stress by students who formerly attended T-groups. However, this may not mean that these students coped better with stress during a period of heightened tension. It is suggested that these students sought other sources of support during the stress period, for instance, other students who participated in the T-group. 4 references.

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**193. Corson, Samuel A.; Corson, Elizabeth O'Leary; and Kirilcuk, Vladimir. Individual differences in respiratory responses of dogs to psychologic stress and Anokin's formulation of the functional system as a unit of biological adaptation. *International Journal of Psychobiology,* 1(1):1-12, 1970.**

Reproducible and marked individual differences were observed in responses of dogs to psychological stress in the course of development of Pavlovian conditional motor defense reflexes in a sound-shielded room maintained at a temperature of 21 to 23 degrees C. After several experiments, some dogs invariably exhibited a stable characteristic tetrad of responses to the entire conditioning room complex: hyperpnea, copious salivation, tachycardia, and antidiuresis. The primary reaction of these dogs to emotional stress appeared to be increased heat production. The antidiuresis thus served the function of conserving body water, so that it would be available for thermoregulatory salivation. These responses disappeared or were markedly ameliorated when the same dogs were studied by a different experimenter in a control room never associated with psychologic stress. The tetrad of physiologic responses always reappeared when the dogs were returned to the Pavlovian conditioning room. Other dogs, when exposed to the same experimental procedure, failed to exhibit this tetrad of physiologic responses to the Pavlovian conditioning room, although some of these animals may show a temporary mild antidiuresis and some tachycardia during the first few experiments. The dogs which exhibit this stable tetrad of responses to the Pavlovian room suggest a persistent activation of the action acceptor formulated by Anokin as an integral part of the functional system as a unit of biological adaptation. Since electrocutaneous reinforcement in a Pavlovian conditioning situation does not permit the animals to achieve a consummatory adaptive response, the functional system formulated by Anokin as a mechanism of integrated behavioral visceral adaptation becomes transformed into a system of biological maladaptation, which may lead to the development of psychopathology. 38 references. (Author abstract modified)

**194. Cowan, Barbara; Currie, Mary; Krol, Roza; and Richardson, Jean. Holding unwilling clients in treatment. *Social Casework,* 50(3):146-151, 1969.**

Traditional treatment techniques that have been successful with neurotics are not effective with those persons who come to an agency in crisis and withdraw as soon as their stress is alleviated despite the fact that their managerial ability remains chronically poor. Therefore, caseworkers in a family service agency formed a study group to experiment with new approaches emphasizing regular reaching out through home visits. The common characteristics of families in this group were found to be severe emotional and economic deprivation, inconsistent parental behavior, and impulsive acting out. The study confirmed that planned reaching out could help some families overcome their mistrust and, through identification with the social worker, reach a more mature level of ego development. One of the goals was to help the clients substitute verbal communication for acting out. The current emphasis on crisis intervention and short-term counseling may result in provision of services to more individuals, but the more severely deprived families cannot benefit significantly from such an approach. Without a long-term treatment program, these families are unable to make use of improved community resources such as those planned in an antipoverty campaign. 1 reference.

**195. Cox, Murray, and Hoskins, Trevor. Collaboration between psychiatrist and medical officer in a boys' boarding school. *Practitioner* (London), 210(1256):209-216, 1973.**

Some observations on the first 2 years of collaboration between a consultant psychiatrist and a resident medical officer in a boys' boarding school in England are presented. Characteristics of the student population are discussed and the method of referral for psychotherapy is described. The consulting psychiatrist assists the medical officer in evaluating: (1) the assets and liabilities of both child and family; (2) the coping capacity of child and family in relation to stress; and (3) the emotional needs of the child if adaptive growth and development are to occur. It is in the counseling-training area that the appointment of a consultant psychiatrist to a boarding school has the most to offer. The framework of counseling-training in the school is described. 14 references.

**196. Crandall, Virginia. Achievement behavior in young children. *Young Children*, 20(2):77-90, 1964.**

Studies of achievement behavior in young children were reviewed within the context of studies of older children and adolescents. Studies in the following areas were discussed: the personality characteristics of achieving children; anxiety and test performance; achievement motivation and attitudes directly related to achievement activities; sex differences; parental influences on the child's achievement behavior. Achieving children, in contrast to peers who perform less well, do not seem to need to depend on adults but are somewhat compliant to their demands and accept adults' high evaluations of the importance of achievement. Achieving children of preschool and early elementary age are somewhat aggressive and competitive, but their social relationships are generally good; however, by junior high age social relationships deteriorate, and the children are less creative and more anxious. Girls are anxious regarding achievement, attempt to obtain approval for their achievement efforts, are prone to avoid the risk of failing, are dependent on adult help, and cannot rate their own competence accurately, often "underselling" it. It is possible that girls achieve for different reasons than boys. High levels of active parental involvement, particularly among cross-sex, parent-child lines, provide the basis for achievement motivation, performance on intelligence tests, and intellectual achievement behaviors evidenced in free play. The attitudes of parents about their own personal achievements affect their attitudes toward their children's achievements and influence their own behavior with their children in achievement activities. The almost exclusive emphasis on intellectual achievement has resulted in a paucity of research in the area of achievement development. 61 references.

**197. Croog, Sydney H. The family as a source of stress. In: Levine, S., ed. *Social Stress.* Chicago: Aldine Publishing, 1970. pp. 19-53.**

A review of the literature is presented, and methodological problems concerning the family as a source of stress are discussed. Conceptual and methodological issues and some examples of directions of research that are concerned with problems of how stresses may originate with the family (family form and structures and value conflicts) are discussed. Stressors associated with the normal life cycle of individuals in the family and of the complete family, role conflict situations, interaction, and interpersonal relationships are examined. Ways in which adaptive responses to stress within the family may themselves serve as stressors are considered. 109 references.

**198. Crosby, Marian H., and Connolly, Mary Grace. The study of mental health and the school nurse. *Journal of School Health,* 40(7):373-378, 1970.**

A study was conducted to determine the mental health needs of school-age children and the resources used by the school nurse in a school district in Illinois. The specific areas researched were: (1) What are the mental health problems in school-age children as viewed by school nurses? (2) What do the school nurses do about the mental health problems including what resources are used? (3) What do the school nurses see as a need in the area of additional resources? Some of the findings of the study are: The most common situations in which students manifested mental health problems were stress of learning and psychosomatic problems; for children who came to the health nurse with emotional problems, both directive and nondirective interviewing techniques were used. Other nurse techniques were: empathetic listening, focusing on feeling, physical support including resting on a cot when indicated, functioning as a consistent figure, giving attention to somatic complaints when indicated, psychological support, and helping the child develop insight. In the area of resources, the school nurse expressed a greater need for psychiatric evaluations, treatment, communications, coordination, and accessibility of services for emotionally disturbed children. The findings stress the importance of school nursing, both in prevention and treatment of mental or emotional problems. 14 references.

**199. Culbert, Samuel A., and Renshaw, Jean R. Coping with the stresses of travel as an opportunity for improving the quality of work and family life. *Family Process*, 11(3):321-337, 1972.**

A case in which heavy business travel created problems both for an industrial organization and the families of employees involved is explored. To cope with the problem, the family perspective was brought into the organization by means of a husband-wife workshop. The workshop used structure to fit privacy norms of industry, to help couples explore aspects of their relationships that determined their individual and joint response to organizational and family stress, and to develop collaborative resources for coping with those stresses. The benefits to the families and the organization went beyond coping with the stresses of business travel and extended to other important aspects of both business and family life. (Author abstract modified)

**200. Culik, A.; Horackova, E.; and Glucksman, J. Adaptace na ruzne druhy zateze v zavislosti na psychofyziologickem typu. [Adaptation to different sorts of stresses with regard to psychophysiologic type.] *Ceskoslovenska Psychiatrie* (Praha), 66(3):143-151, 1970.**

Types of reaction to different sorts of stresses (hunger, sleep deprivation, inversion of biorhythms) and their relation to the personality structure have been followed in a complex chain of experiments. Each of the mentioned stresses singled out experiment subjects according to their tolerance thresholds and characteristic reactions into five identical groups. The aim of the last experiment was to find out whether the findings were valid under such expressed stresses as maximal load of the motoric, intellectual, and emotional component under chronic irregular biorhythms. For this purpose the authors chose as experimental persons outstanding actors of "small form" theaters. A total of 18 persons have been

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tested before and after theater performances in the moment when even extratheatrical activity was toploaded. Psychophysiological parameters, electic reaction readiness, interpersonal behavior tendency, blood pressure and pulse changes, pyruvic acid levels in urine, clinical history, condition of health, doping, preference of basic foodstuffs, and general living regime have been observed. This intensive stress provoked different reactions according to personality structure. The dependence of individual groups on nutrition habits was apparent. Rational nutritional habits might influence physiologically the level of adaptation and tolerance thresholds in people with a highly stressful type of profession and decrease their dependence on psychopharmacologic, alcohol, and caffein doping. 11 references. (Author abstract modified)

**201. Dabrowski, Kazimierz. Wybrane zagadnienia z psychoprofilaktyki nerwic. [Selected problems of the psychoprophylaxis of neuroses.] In: *Pamietnik 28 Nauk Zjazdu Psychiatrow Pol w Lublinie, Wrzes 1963, 1965,* Pzwl, Warszawa: 1965. pp. 151-154.**

Neuroses are prevented by avoiding situations of stress or conflict. As this is hardly possible, the difficulty of the neurotic patient in adapting to the stress situation must be overcome. In such cases, dynamic treatment is the treatment of choice. A case is described of a graduate student who suffered from "examination neurosis." The patient's condition improved when others expressed "sympathy" toward him. Another case is presented of a 26-year-old male patient who suffered from childhood neuroses due to a peculiar sex education and development of moral standards. He was also a thorough introvert. As therapy, a work program was developed which changed the patient's dominant reflexes and led to his cure.

**202. Dacquino, G. *Educazione Psicoaffettiva.* [Psychoaffective education.] Torino: Borla, 1972.**

Intended for physicians, educators, and prospective parents, this work covers a variety of fields including psychoanalysis, sexology, gynecology, obstetrics, venerology, pedagogy, mental hygiene, and social medicine. The assumption on which the work is based is the psychoanalytical concept of conflict between love and hate with which every individual begins his life. Psychological maturation is dependent on the ability to sublimate and integrate these two instinctive forces. The structure and conscious and unconscious personality development is examined, and the critical moments when a correct emotional education is important for the healthy development of children and adolescents are identified.

Thus a complete pedagogical orientation for the attainment of mental health is presented. The text is enriched with excerpts of dialogues between parents and children typical for different stages of child development and contains a bibliography subdivided by topics.

**203. Daly, Michael Joseph. Sexual attitudes in menopausal and postmenopausal women. *Medical Aspects of Human Sexuality,* 2(5):48-53, 1968.**

Sexual attitudes in menopausal and postmenopausal females were studied. An array of sexual attitudes are to be found in women during the climacteric. The variations are based on cultural background, parental attitudes, previous life experiences, present social environment, and the overall health of the woman, as well as her fantasies about the menopause. The menopausal woman's body image is affected by the physiologic changes that occur. The depression of the climacteric period is probably the most common emotional finding. The single woman at this stage of life has either sublimated her sexual feeling in a healthy way or become angry and hostile because she has not adopted a more sexual existence. The normal married woman continues to enjoy sexual union depending on the desire and ability of her husband. In evaluating the responses of women in the later years of life, the conclusion was reached that sexual excitability outlasts the reproductive capacity of a woman by a considerable number of years. 9 references.

**204. Darbonne, Allen R. Crisis: A review of theory, practice and research. *Psychotherapy: Theory, Research and Practice,* 4(2):49-56, 1967.**

This article attempts to review literature dealing with the psychological crisis concept, which has appeared since the concept's inception 20 years ago. Areas reviewed include the definition and characteristics of crisis, the relationship of crisis theory to other theoretical systems, situational aspects of crisis, interpersonal family and group aspects of crisis, and individual and psychodynamic aspects of crisis. Crisis therapy is brief therapy, to help the ego in its cognitive, synthesizing, and integrating functions, and an action therapy, involving work with significant others. Active crisis intervention, based on the belief that current success leads to future success, attacks the observable behavior directly. Creative problem solving also offers advantages in the treatment of crisis. 111 references.

**205. Darnauer, Paul Fredrick. The adolescent experience in career Army families. Springfield, Va.: NTIS, AD-710816 (HC, $3; MF, $.95).**

The study sought to assess the influence of the Army, a unique social system, on the adolescent experience of youth in career Army families. Focus was on the friendship patterns, school experience, and social advantages and disadvantages perceived by adolescents and their parents. The influences were considered from the perspective of Army system functional problem solving and its effect on accomplishment of adolescent developmental tasks. (Journal abstract-USGRDR)

**206. Davidson, F.; Choquet, M.; Etienne, M.; and Taleghani, M. Contribution a l'etude du suicide des adolescents: Etude medico-sociale de 139 tentatives de suicide. [A contribution to the study of adolescent suicides: A medicosocial study of 139 suicide attempts.] *Hygiene Mentale* (Paris), 61(1):1-32, 1972.**

A survey of adolescent suicide attempts is presented which includes their medicosocial history and their psychological evaluation. The results revealed the overwhelming contribution of social pathology to the predisposal toward suicide. Over 60 percent of the adolescents examined were subject to familial and social difficulties; in the majority of cases the essential problems had originated long before the suicidal act. In 33 percent of the cases, along with the familial and social difficulties, a serious problem of mental health was associated with one of the parents. The suicide attempt simultaneously an escape and an appeal for help, is a response to the anxiety which is posed regarding the future. The frequency of recidivism in suicide attempts appears to be specific to a group of adolescents who are confronted with both familial problems and mental problems. Comparative psychological studies between suicidal adolescents and normal high school students serve to show the relevant personality traits in which they differ (boredom, feelings of rejection, self-confidence, and their attitudes toward their parents). 27 references.

**207. Davidson, Park O., and Bobey, Marie J. Repressor-sensitizer differences on repeated exposures to pain. *Perceptual and Motor Skills*, 31(3):711-714, 1970.**

To determine repressor-sensitizer differences on repeated exposures to pain, a Hardy Wolff Goodell Heat Test and a pressure algometer test of pain tolerance were given to 72 female ss divided into two groups on the basis of their repression-sensitization scale scores. Half the ss received the heat test first while half received the pressure test first. Five minutes elapsed between the two trials. Analysis of the data indicated that repressors had a higher tolerance for pain than sensitizers on the first trial. However, repressors showed a significant decrease in their tolerance scores from trial 1 to 2, but sensitizers did not. These results were opposite to those expected, indicating that personality factors may have a different effect on the way an individual copes with repeated exposures to psychological stresses and with repeated exposure to pain. 17 references. (Journal abstract modified)

**208. Davis, Michael, and Zolovick, Andrew J. Habituation of the startle response in adrenalectomized rats. *Physiology & Behavior*, 8(4):579-584, 1972.**

In a series of three experiments, startle responsiveness and rate of habituation of adrenalectomized and nonadrenalectomized rats were compared by repetitively presenting tones at several different intensities, interstimulus intervals, or over several days. Fifteen each adrenalectomized, sham-operated, and nonoperated rats were presented with 27 tones at each of three intensities on 2 successive days; or 60 tones at a 60-second interstimulus interval with each tone being followed by another tone either 2, 4, 8, or 16 seconds later; or 50 tones at a 30-second interstimulus interval on each of 5 successive days. All groups had equivalent initial startle amplitudes and showed equivalent rates of response decrement at each test intensity and each interstimulus interval as well as over successive days of exposure. The results indicate that the adrenal glands are not crucial for habituation of the acoustic startle response and suggest that those aspects of stress adaptation that require an intact adrenal pituitary system are not important for habituation of the startle. 16 references. (Author abstract modified)

**209. Dee, Venita Dyer. Contingency management in a crisis class. *Exceptional Children*, 38(8):631-634, 1972.**

An example of contingency management in a class of children having emotional problems is presented. The class, which is operated in Scottsdale, Arizona, is set up to modify existing maladaptive behavior, to make each child able to cope with his particular problem areas, and to function adequately in a regular classroom. In the class, the day is divided into work periods and play periods; thus the child knows what is expected of him at all times. During the work periods, each child prepares lessons from a personal folder which is prepared with his particular abilities and disabilities in mind. He works at his own speed but is responsible for completing a certain amount of work within a specified amount of time. The amount of work required increases as the child moves along in the program. During the play periods, the students are given a variety of activities in which they may engage; although these are less structured than the work periods, they still have consistent boundaries. During the play periods, the children are told that if they play well together, they will be rewarded and allowed to do something desirable; if they do not play well together they will be denied the desirable activity and, in some instances, the opportunity to continue playing. Examples of two students whose behavior was positively modified by the program are given. 4 references.

**210. Defourny, M.; Timsit, M., and Dongier, M. Etude comparee de 15 sujets atteints d'angor coronarien et de 30 sujets victimes d'un infarctus du myocarde au moyen du test de Rorschach. [A comparative study of 15 subjects with angina pectoris and 30 subjects with myocardial infarct by means of the Rorschach test.] *Revue de Medecine Psychosomatique et de Psychologie Medicale* (Paris), 14(2):157-169, 1972.**

The psychological differentiation between 15 patients with angina pectoris and 30 with myocardial infarct was investigated using responses to Rorschach tests. It was possible to distinguish two types of anxiety: neurotic and fear of disintegration or death. A patient with myocardial infarct is more likely to have the capacity for repression than the patient with angina, and is considered more capable of coping with anxiety; this patient, however, suffers from a profound hidden anxiety. The patients with angina are more closely related to the neurotic type of organization. The important difference between the two types of cardiac patients is seen in the anal regression fixation. This regression is typical of the infarct patient. The phallic genital regression fixation was common to both groups, and was found more uniformly in the angina group. The infarct patient appears to be more of the pregenital type. A new clinical approach to the cardiac patient is proposed. 32 references.

**211. Delong, Rieva Darlene. Individual differences in patterns of anxiety arousal, stress-relevant information and recovery from surgery. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-16307 (HC, $10; MF, $4).**

A study was made of (1) patterns of anxiety arousal and adaptation among individuals with different coping styles and (2) the effect of information on recovery from surgery. It was expected that individuals who use extreme defenses of vigilance or avoidance would show less adaptation during the interval between being

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scheduled for surgery and admission to the hospital than the middle group, and that information about surgery would be helpful only if it was compatible with the individual's preferred mode of anxiety reduction. Assessment of coping styles was made on the basis of a sentence completion test, and anxiety levels were determined by the State Trait Anxiety Inventory. Results show the middle group had a greater increment in anxiety initially than either extreme group. Individuals preferring vigilant defenses (copers) also showed a greater increment than those using avoidant defenses (avoiders). Pre-operatively the middle group was less anxious, copers were unchanged, and avoiders were more anxious than initially. With regard to recovery, individuals given specific information had a less complicated recovery and were discharged earlier than those given general information. The patterns of anxiety arousal and reduction, together with the recovery scores, suggest that differences among the coping styles in patterns of adaptation to threat determine the effect of information and the ultimate stress response. (Journal abstract modified)

**212. Demangeon, M. Le probleme de l'anxiete scolaire. [Problem of academic anxiety.]** ***Bulletin de Psychologie,*** **20(10-15):859-867, 1967.**

Anxiety tests were given to different groups of sixth- and seventh- grade students in the form of multiple-choice questionnaires and sentence-completion tests. Test score variations among 23 classes of 12-year-olds indicated that interclass and intraclass variations were similar when academic anxiety and general anxiety questions were separate. Tests, administered to 674 12-year-old boys, revealed a great variation of mean anxiety scores, particularly on the questionnaire. It is concluded that test variations depended on the student's particular class. Teacher's personality, teaching methods, students' geographic location, and proximity to vacations were also thought to influence anxiety, although further information is needed to confirm the significance of these variables. Students were grouped into four socioeconomic levels according to fathers' professions. There was no significant difference in anxiety between these groups. It is concluded that anxiety is an important factor in academic adaptation. (Copyright 1968, the American Psychological Association, Inc.)

**214. Demoulin, C. La notion ethologique d'adaptation. [The ethological theory of adaptation.]** ***Feuillets Psychiatriques de Liege*** **(Liege, Belgium), 4(1):48-51, 1971.**

A brief theoretical discussion of the concept of ethological adaptation is presented. The importance of Darwinian social theory and the early imprinted object relations in adaptation are stressed. Man's liberation from imaginary alienation and madness by the introduction of a symbolic order, that of language, is also discussed. 9 references.

**215. Deri, Susan. Interpretation and language. In: Hammer, E. F., ed. *Use of Interpretation in Treatment, Technique and Art.* New York: Grune & Stratton, 1968. pp. 141-147.**

Whatever the form of neurosis or psychosis, language is impaired. In psychoanalysis the patient learns to use language correctly, to name the previously unnamed content of his inner world, and to communicate and share expression. The patient's attention cathexis is directed to previously unformulated but effective mental phenomena. In the analyst-patient dialogue the level of psychic organization is raised by establishment of well-organized relationships through proper syntax and use of tenses (realistic relationship to time is a significant factor in good ego functioning). The psychoanalytic setting, under the aegis of transference, closely parallels the conditions of the early mother-child relationship in which speech was learned. Speaking in terms of Gestalt perceptions, it can be said that the function of language is an ordering and a clarification of mental life. Free association is also communicative; the analyst must use skill and empathy to show his patient that his verbalizations are understood, and to guide him to the use of shared language. 13 references.

**216. Dewald, Paul A. The therapeutic process: Termination. In: Dewald, P., ed. *Psychotherapy: A Dynamic Approach.* 2nd ed. New York: Basic Books, 1971. pp. 273-292.**

The termination of psychotherapy is in many ways dynamically similar to the normal developmental stage of late adolescence. The adolescent is much involved in the problems of dependence and independence, self and identity, and the conflicts between the challenges of the real world ahead as compared with the regressive satisfactions of the childhood which has been left behind. It is the therapist's task (analogous to the task of the good parent) to help the patient cope with the various conflicts and anxieties involved in termination, and in spite of the patient's wish to avoid the discomfort or pain they produce, to help him pass through this developmental stage and thence out into the world beyond. Consideration is also given to: (1) termination of unsuccessful treatment; (2) strategy of termination of successful treatment through insight-directed therapy and supportive therapy; (3) indications for termination; and (4) contact after termination. 8 references. (Author abstract modified)

**217. Diaz-Guerrero, R. Occupational values of Mexican school children: A comparative intra and cross cultural study. *Totus Homo* (Milan), 4(1):18-26, 1972.**

Eight hundred Mexican school children, male and female, 10 and 14 years old, of two socioeconomic classes responded to a paired comparison study of 15 occupational values. At the same time across the world seven other national groups of school children answered the same questionnaire. A method to pinpoint occupational value preferences of the Mexican child is illustrated. Values considered include altruism, aesthetics, independence, management, success, self-satisfaction, intellectual stimulation, creativity, security, prestige, economic returns, surroundings, associates, variety, and following father. Of all the groups studied the Mexican children were highest in desire to follow father in occupation. 9 references. (Author abstract modified)

**218. Dittes, James E. Impulsive closure as reaction to failure-induced threat. *Journal of Abnormal and Social Psychology*, 63(3):562-569, 1961.**

In order to account for the phenomenon of closure which is differentially applied by different persons to ambiguous stimuli, it was proposed that closure generally acquires a self-esteem enhancing reward value, and that persons experiencing greater need to maintain or enhance self-esteem would be more likely to impose more impulsive closure. Using 57 student subjects, self-esteem was manipulated by causing some subjects to experience failure on an ego-involving task, and others to experience failure on a noninvolving task or to experience success. Results confirmed the hypothesis, as ego-involving failure resulted in more impulsive closure. This was indicated by tendencies to: (1) find a positive meaning in an essentially incoherent prose passage; and (2) base the impression of another person exclusively on more prominent traits and to ignore inconsistent traits. Only the subjects low in self-esteem, low in a type of intellectual ability, or high in valuation of achievement were vulnerable to the success-failure manipulation and responded to it with the predicted differences in closure behavior. 9 references. (Author abstract, edited)

**219. Dizmang, Larry H. Suicide among the Cheyenne Indians. *Bulletin of Suicidology*, July: 8-11, 1967.**

Suicide among a number of tribes of American Indians is a serious problem, and suicide attempts among the adolescents of the Northern Cheyenne are nearing epidemic proportions. In large part as a result of confinement to reservations, the Cheyenne have suffered from a decline in self-esteem and a disintegration of the culturally evolved means of dealing with aggression. A high rate of alcoholism and violent injuries, including suicide, has resulted from this unfortunate situation. Because the Cheyenne encounters numerous difficulties in assimilating into the world of the white man, ways must be found to deal with the problem of suicide within the context of the reservation. This can best be accomplished by educating those who are in a position to help the Cheyenne in the heritage of these Indians as well as in suicide-prevention techniques.

**220. Dlin, Barney M.; Fischer, H. Keith; and Huddell, Benjamin. Psychologic adaptation to pacemaker and open heart surgery. *Archives of General Psychiatry*, 19(5):599-610, 1968.**

In a study of 60 open heart and pacemaker patients seen over a 3-year period it was found that all patients require psychiatric assistance to help them through the emotional problems which are part of the total experience of heart surgery. This help will reduce the incidence of psychiatric complications and hasten healthy convalescence. Patients pass through one or more of six dynamic phases after the cardiac episode. These include shock, a profound psychophysiological reaction in which the patient feels "dead," and a phase of coping with shock with various ego defenses such as delusions, hallucinations, and mood disturbances. In a presymbiotic phase the patient feels separate from the apparatus and is listless and apathetic. With further recovery he learns to accept his dependence on external devices and persons and begins to reintegrate. As he finds that he is functioning more on his own, his emotions are more appropriate. Finally, he feels whole again and is prepared for discharge. All patients experience some degree of sleep deprivation and sensory isolation. Some patients have been observed to believe themselves to be dead. This is interpreted as a defensive state. Postoperative amnesia may also be used as a coping mechanism. Psychiatric management at all stages of the preoperative and postoperative treatment of the patient is essential. 19 references. (Author abstract modified)

**221. Dlin, B. M.; Winters, W., Jr.; and Fischer, H. K. Psychological adaptation to pacemaker following cardiac arrest. *Psychosomatics*, 7(2):73-80, March-April, 1966.**

The medical and psychological study of one patient describes the man prior to and following cardiac arrest and pacemaker attachment. Four clinical psychological phases of adaptive response appear to be basic: Presymbiotic, successful symbiotic, separation from symbiotic attachment, and successful reality adjustment. Each phase has potential complications, and all patients must work through these phases. Patients whose lives are preserved by external devices which take over internal organ function should have psychiatric help in order to prevent psychological complications in the recovery process.

**222. Doering, Susan G., and Entwistle, Doris R. Preparation during pregnancy and ability to cope with labor and delivery. *American Journal of Orthopsychiatry,* 45(5):825-837, 1975.**

The effects of preparation for labor and delivery on the mother's perception of childbirth and her baby are studied. Data from interviews with 279 new mothers conducted within 9 weeks following delivery are presented. Results indicate that the more preparation a woman has, the more aware she is at delivery, and that awareness is strongly associated with positive reactions to the birth and the infant. Findings are interpreted in terms of theory on coping with stress. It is concluded that women who have more positive first reactions toward their newborns continue to have a close mother-child relationship in the immediate postpartum period, as shown by rooming-in care of their infants rather than nursery care, choice of breast feeding over bottle feeding, and a longer breast-feeding relationship. 42 references. (Journal abstract modified)

**223. Dombrow, Ruth. A study of the relationship between therapists' empathy for patients and changes in patients' self concepts during therapy. *Dissertation Abstracts,* 27:301(B)-302(B), 1966.**

The relationship between empathy on the part of the therapist and changes in patients' self-concepts during therapy is investigated using 29 mothers in treatment at a child guidance clinic as subjects, and 14 social workers as therapists. Change in therapy is indicated by change in self and ideal patient self-concepts, measured by a Q sort; therapist empathy is measured by the therapist sorting the Q sort as if she is the patient. Results show a significant relationship between empathy and change. No relationship occurs between assumed similarity and change. No difference occurs between degree of change in self as opposed to ideal self-concepts.

**224. Donnelly, Edward F., and Murphy, Dennis L. "Primary Affective Disorder: Social Desirability, Psychopathology and Depression in Unipolar and Bipolar Depressed Subjects." Unpublished paper, National Institute of Mental Health, Bethesda, Maryland, 1973. 17 pp.**

Social desirability, psychopathology, depression, social status, and social introversion were studied in 30 unipolar and 29 bipolar patients hospitalized for depressive episodes. All bipolar subjects

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had at least one prior manic episode severe enough to require treatment. Although both groups were rated as equally depressed behaviorally, there were significant differences on all of the following five scales: the depression and social introversion scales of the Minnesota Multiphasic Personality Inventory, the ego strength scale of Barron, the social desirability scale of Edwards, and the social status scale of Gough. The selective tendency of the bipolar group to endorse socially desirable response sets provided a possible explanation for their less self-reported psychopathology compared to the unipolar group. It was suggested that the social approval-seeking behavior of the bipolar group might function as a coping mechanism against depression and anxiety. 28 references. (Author abstract modified)

**225. Doud, Robert M. Psychotic adolescents in a public school. *Pennsylvania Psychiatric Quarterly,* 7(3):33-36, 1967.**

In a series of weekly meetings with a select group of institutionalized psychotic adolescents it was found that: (1) Most problems of acceptance or rejection by peer groups centered around learning social roles. (2) In no instance was rejection based simply on the fact that the adolescent was a hospital patient. (3) Public school attendance provides a degree of autonomy necessary for the growth of the patients. (4) Public school attendance helped to counteract many of the repressive and alienating effects of a coercive-compliance type of institution. (5) In some instances patients attending public school used this fact as support for denial of illness. (6) Public school attendance is an effective means of restoring confidence and social competence to a psychotic adolescent who has previously been removed from a threatening environment after exhibiting maladaptive patterns of behavior. (Copyright 1968, the American Psychological Association, Inc.)

**226. Douglas, Virginia I., and Shaffer, H. B. Developmental changes in the attribution of blame. *Canadian Psychologist* (Toronto), 12(2):248-253, 1971.**

A story completion test was constructed to measure developmental changes in the methods used by children to assign blame in situations where the case of unpleasant events was left ambiguous. Ss were 115 elementary school children between the ages of 5 and 12 years. The tendency to blame others decreased with age whereas responses involving sharing of blame or recognition of impersonal and accidental causes increased with age. The story completion method provides a simple way of measuring behavior in this important area of personality development. The findings suggest that a valuable tool for personality assessment of children could be constructed from the stories used in the present study together with story completion items designed to tap mechanisms for coping with other critical stress situations. 13 references. (Journal abstract)

**227. Downing, Robert W.; Comer, Nathan L.; and Ebert, John N. Family dynamics in a case of Gilles de la Tourette's syndrome. *Journal of Nervous and Mental Disease,* 138(6): 548-557, 1964.**

An analysis of the family dynamics of a 24-year-old white female with Gilles de la Tourette Syndrome (Maladie des Tics) was made. A battery of psychological tests was administered to the subject, her parents, and the male and female siblings who make up her immediate family. The battery consisted of the Wechsler Adult Intelligence Scale, the Rorschach test, the Leary Interpersonal Check List, the TAT, and a word association and sentence completion test. The types of conflicts engendered in the family by the interactive modes of the parents and the modes of dealing with these conflicts on the part of the patient and her siblings were discussed. The patient's syndrome was seen as an effective way of allowing her to express her rebelliousness, hostility, and sexuality in the family setting, in such a way as to avoid the demeaned self-concept which could be noted in the other siblings, who felt rebellious, but acted subserviently. The patient's behavior was seen to have been affected by elements of obsessive-compulsive, hysterical, and schizophrenic-like behavior in the family atmosphere. 12 references.

**228. Dressler, David M., and Nash, Kermit B. An approach to crisis intervention through team expansion. *American Journal of Orthopsychiatry,* 42(2):317, 1972.**

A paper presented at the 49th Annual Meeting of the American Orthopsychiatric Association is summarized, providing a discussion of a team approach to crisis intervention. A team approach is described, emphasizing its efficacy in the delivery of effective clinical service, its utilization of skilled personnel in a differential manner, its function in training of mental health specialists, and its implications for health care systems. This conceptual framework embodies an application of social systems theory to small group process. Team formation is determined by the specific needs of a person in crisis. Team members are selected on the basis of expertise to perform specialized functions and ability to collaborate as a work group. Leadership is determined on the basis of establishing a meaningful interpersonal rapport with the distressed person and on the basis of a comprehension of the relevant

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psychosocial environment of this individual. The leader may emanate from any of the existing disciplines or from one of the old or new mental health groups such as psychiatric aides or new careerists. The performance by the team of the various tasks involved in effective crisis intervention, the composition of team membership, intrateam role relationships, and the flexible boundary of the team to expand or contract as various tasks are completed and new ones indicated is discussed. Several examples from a mental health system are presented to illustrate vicissitudes of team operation in the care of patients and the involvement of mental health personnel in training. (Journal abstract modified)

**229. Dubno, Peter, and Freedman, Richard D. Birth order, educational achievement, and managerial attainment. *Personnel Psychology*, 24(1):63-70, 1971.**

The hypothesis that a significantly larger number of managers in industry were firstborns and conformists to organizational norms and standards was tested. Research literature has shown that there exists a preponderance of firstborns among college and graduate students, from which the large corporations derive a large fraction of their managers. Birth order is, moreover, related to conformity. Two thousand four hundred and forty-five managers responded to a questionnaire in which birth order, educational achievement, management level, and other data were collected. A significant number of college graduate managers were found to be firstborns but no birth-order effect was seen in top or middle-manager groups, and it is suggested that some form of organizational screening eliminates conforming firstborns from the ranks of top and middle management. Conformity among firstborns may not constitute a constant form of behavior but may be adaptive to the needs of the individual who seeks reward from the social situation in which he is required to function. 12 references.

**230. Dubos, Rene. Neonatal deprivations can be permanent ones. *Journal of the American Medical Association*, 205(10): 34-35, 1968.**

An interview was conducted with Dr. Rene Dubos, who says that early environmental variations can profoundly and irreversibly affect the growth and development of animals. Dr. Dubos has used laboratory models to study the influence of environmental factors on the neonate. Neonatal deprivation can be permanent deprivation. Children from the poorer sections of Guatemala, when placed in special schools at the age of 5 or 6 and provided with good nutrition, proper sanitation, and special attention, could never catch up with children who had these advantages from birth. Mice whose mothers were given diets inadequate in certain amino acids never achieved the size of genetically identical control mice. Biochemical and metabolic differences in these mice were permanent. Within two generations, the offspring of the smaller mice nursed by diet-deficient mothers were of normal size, indicating that the difference is not genetically conditioned. Early infection can also have a lasting effect on offspring. If a mouse colony is allowed to proliferate within a confined area, a point is reached beyond which the animals pay no attention to one another; they are physically healthy but are totally devoid of social interest. This laboratory model has implications for the urban environment.

**231. Dunham, H. Warren. Theories and hypotheses in social psychiatry: An analysis of the evidence. In: Zubin, J., and Freyhan, F.A., eds. *Social Psychiatry*. New York: Grune and Stratton, 1968. pp. 220-246.**

Social psychiatry studies the role and function of various sociocultural factors in relation to development of the various kinds of mental and emotional disorders. Several theoretical models have been used by social psychiatry. The social disorganization model states that in those areas where poverty, broken homes, ethnic conflict, high personal and family mobility, disproportionate sex ratios, etc., tend to flourish, these conditions will give rise to distorted and twisted personalities. The social cohesion model states that in the opposite type of society, there will be a high incidence of mental disorder because life is too close, too intimate, and people are too concerned. The ecological model sees man as part of a natural order and disease as developing when this natural order is shattered by outside interference. The cultural model says that each culture determines the type of psychic and behavioral symptoms which are unacceptable to it, and these vary from culture to culture. The socialization model sees mental illness developing from problems in communication and interpersonal relations. The Faris and Dunham hypothesis that social isolation produces schizophrenia has not been proved since schizophrenics have not been found to be more isolated than those who do not develop schizophrenia. The Hollingshead and Redlich finding that schizophrenia is correlated with social class may be explained by downward mobility of schizophrenics; indeed, other studies have found that fathers of schizophrenics are spread evenly over all the social classes. Poverty is not the factor that makes the difference in the amount of psychiatric disorder between integrated and disintegrated communities. Hypotheses seeking to account for the differential distribution of mentally ill persons in a community include: drifting, selection by potential schizophrenics of certain areas of the community in order to escape intense involvement, and differential tolerance of mental illness in different areas of the community. Socialization theories have explained schizophrenia as caused by: a family milieu containing distortions, inconsistencies, inappropriate role behavior, etc.; a "double-bind" communication process; and a distorted pattern of interaction within the family. 65 references.

**232. Dweck, Carol Susan. The role of expectations and attributions in the alleviation of learned helplessness in a problem-solving situation. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-29536 (HC, $10; MF, $4). 73 pp.**

A study was conducted to determine whether altering attribution for failure would enable learned helpless children (8 to 13 years old) to deal more effectively with failure in an experimental problem-solving situation. It was hypothesized that a training procedure which taught such ss to take responsibility for failure and attribute it to lack of effort would result in unimpaired performance following failure in the experimental situation, but that a training procedure which provided success experiences only would lead to changes of a lesser magnitude. With helpless children prior to training it was demonstrated that failure led to greatly reduced speed and accuracy of performance on arithmetic problems following failure, even though they had been solving these problems with great consistency on previous days. The results revealed that following training, ss in a success only (SO) treatment condition continued to evidence a severe deterioration in performance following failure in the test situation. Ss in an attribution retaining (AR) treatment, however, improved in their reaction to failure from pretraining to midtraining and from midtraining to posttraining until failure had no deleterious effects. In addition, they showed an increase in the degree to which they emphasized motivation as a factor in the occurrence of failure. The findings emphasize the utility of considering cognitive-personality factors in planning strategies for behavior change. (Journal abstract modified)

**233. Dwight, Robert Bolman. A group counseling methodology to help suburban adults develop an increased courage to live with anxiety. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-8525 (HC, $10; MF, $4). 255 pp.**

An adult education course for persons from the suburban environment which would enable each participant to develop the ability to acknowledge and live with existential anxiety was designed. The impact of the program on the ss in relation to the desired objectives was evaluated. The treatment procedure was a 6-week adult education course consisting of two phases: (1) the portrayal and legitimation of those forms of anxiety which the suburban culture tends to suppress or evade; and (2) the description and depiction of modes of courage which can prevail in the face of those anxieties. Several media were employed to communicate the motifs of anxiety and courage, and three general hypotheses were formulated involving positive results from such a program. Post-course responses indicated that by the end of the 6-week period a majority of the ss were acknowledging existential anxiety to be a more significant reality in their everyday existence and were more oriented to cope with the anxiety. There was less evidence, however, of significant changes in goals and behavior among participants. (Journal abstract modified)

**234. Dydyk, Barbara J. Social intelligence: A preliminary investigation of its development in children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-16807 (HC, $10; MF, $4). 135 pp.**

The development of social intelligence in children was studied focusing on three aspects provided by the theories of Bronfenbrenner, Harding, and Gallwey: social sensitivity; predictive skill; and role-taking skill. These aspects were examined in 6-, 8-, and 10-year-old ss by providing interpersonal situations in which they reacted to a configuration of stimuli rather than to isolated elements. Five hypotheses were tested: (1) Social sensitivity, predictive ability, and role-taking develop over time; (2) social sensitivity is associated with the development of predictive ability, and both are related to development of role taking; (3) social intelligence is related to verbal intelligence; (4) children who are more socially sensitive and show more predictive and role-taking ability have greater interpersonal competence as assessed by teacher ratings; and (5) there are no clear-cut influences of sex or ordinal position on social intelligence. Hypotheses one, two, four, and five were supported, while verbal IQ data for hypothesis three did not show any relationship to the three components of social intelligence. (Journal abstract modified)

**235. Eagel, John R., and Smith, Burke M. Stresses of the medical student wife. *Journal of Medical Education,* 43(7): 840-845, 1968.**

The nature and extent of stresses on the medical student's wife were studied through analysis of questionnaire responses from wives of students at the University of Virginia School of Medicine. The following areas were investigated: socioeconomic characteristics; finances; the wife's working; wife-husband relationships; role as the wife of a medical student; delays (in having children and in attaining luxuries); children; advantages and disadvantages of being a medical student's wife; and wife's attitude toward medicine. It was concluded that the marital situation is better during the 4th year of medical school, and that medical students' wives generally consider their role challenging and meaningful. Major stresses were loneliness, finances, adjustment to irregular hours, tensions and pressures on the husband, and absence of the husband from home. Ways of adjusting to these stresses include patience and understanding, and development of mutual support with the husband. 5 references.

236. **Eastham, Katherine; Coates, Donald; and Allodi, Federico. The concept of crisis. *Canadian Psychiatric Association Journal* (Ottawa), 15(5):463-472, 1970.**

The concept of crisis has been reviewed with emphasis on its evolution and empirical attempts to anchor it in both psychological and social situation models. Because of an interest in putting the concept into operation and testing its usefulness for research, particularly for predicting outcome and the vulnerability of individuals and groups, the review has done less than justice to the unifying function of the concept in bringing together several applied disciplines—psychiatry, social work, psychology, and nursing—as well as to its central role in the emergent theory of community psychiatry. Six overlapping uses of the concept of crisis or approaches to crisis are summarized: organismic, or concept of physiological stress; ego integrative, or concept of equilibrium; developmental; major change in life space, an alternative to either stress or crisis; communications model, or the role of information; and interpersonal and sociocultural, or the individual's relational milieu. The characteristics of crisis are described. Identification of a crisis situation is essential to assessing the appropriateness of crisis therapy. Further need for extensive studies of crises, defined in a variety of ways, and in normal populations, is suggested. It would seem that the present ambiguity of the term should be preserved; its current usage by clinicians to refer to the whole sequence of occurrences has advantages in emphasizing the uniformity in the total process, but for research purposes crisis cannot be put into operation except by breaking it into components selected and interrelated to do justice to the global concept. 48 references. (Author abstract modified)

237. **Eastman, William F., and Reifler, Clifford B. Marriage counseling in the student health service. *Journal of the American College Health Association*, 17(4):289-295, 1969.**

One out of every 23 undergraduate students and over 50 percent of all graduate students are married. College and university administrators forecast the continuing influx of married students. Therefore, university student health centers should be prepared to meet the demands of the marital relationship as a health entity. It should provide either by its own facilities or by association with community resources: (1) premarital and marital counseling; (2) premarital clinics, baby clinics, household help services; and (3) private psychiatric treatment. The University of North Carolina at Chapel Hill offers marriage counseling in the psychiatric section of the Student Health Service. The treatment is characterized by a "conservation" approach directed toward treatment for the acute problem within a diagnostic framework, crisis intervention, and maintenance of a functional adaptive capacity. Students are seen for relatively few visits and the psychiatric staff and marriage counselor generally limit themselves to evaluation, immediate therapeutic intervention, and referral when necessary. The most common marital problems dealt with are extramarital affairs, sexual incompatibility, and the wish for separation or divorce. 14 references.

**238. Edelman, Murray S., and Omark, Donald R. Dominance hierurchies in young children. *Social Science Information* (Paris), 12(1):103-110, 1973.**

A research study was conducted on nursery-to-fourth-grade children at a private American school to evaluate patterns of hierarchic dominance in young middle-class children. All children were asked to list the "toughest" children in their class; kindergarten children identified the tougher classmates through photographs. Results show a complete dominance of boys over girls at all grade levels and the same children heading the classroom hierarchy year to year. Two interpretations of this survey presented are: a comparison of the characteristics of this stably structured hierarchy to observations of nonhuman primates, and the relationship between the child's ability to relate to a hierarchy and his general cognitive level. Results indicate that the developing dominance hierarchy experienced by children may provide the background for early perception of sexual differences and the necessary experience for cognitive development. The early experience of perceiving physical encounters and conceptualizing dominance relationships may serve as the basis for more symbolic forms of adult dominance. 17 references.

**239. Edwards, Stephen Francis. The repression-sensitization dimension: Personality, adjustment, defenses, self-ideal discrepancy. Dissertation Abstracts International. Ann Arbor,**

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**Mich.; University Microfilms, No. 72-10348 (HC, $10; MF, $4). 134 pp.**

The personality characteristics of the repression-sensitization (R-S) dimension and the relationship of the R-S scale to psychological adjustment were investigated. Freshmen underachievers who were categorized as repressor, sensitizer, or neutral subjects were compared on 15 source traits, 4 second-order factors, and an adjustment index on a personality inventory of low-face validity (16 personality factors questionnaire). Analyses of the 16 PF confirmed the hypotheses that repressors, sensitizers, and neutrals differ in personality characteristics and adjustment. Guilt proneness, low ego strength, high ergic tension, poorly formulated internal standards, high threat sensitivity, and negative self-concept seem to be typical of sensitizers alone. Anxiety was the only second-order factor which consistently differentiated the three groups. It was concluded that the R-S scale may be measuring anxiety or psychological adjustment rather than two distinct styles, and that the relationship of adjustment to scores on the R-S scale is linear, not curvilinear. (Journal abstract modified)

**240. Eikenberry, Dennis D. A story for Mary. *Social Casework*, 50(4):214-217, 1969.**

Mary, a 5-year-old Sioux Indian child, has been removed with a younger brother from her natural parents' home and placed in foster care because of the parents' pattern of frequent separations and abandonment of their children, six of whom had previously been placed either in the State training school or in boarding schools. Mary found it extremely difficult to accept her family background and experienced much difficulty in adjusting to the placement. On the belief that young children can be helped to deal with painful material on a conscious level, Mary's social worker suggested that the two of them write a book together about her background and current situation. Mary and the worker discussed the book's contents in great detail both while it was in process and following its completion. Handling this material in this way seemed to free the child to go on to cope with new and complex situations. 5 references.

**241. Eisenstein, Morris L. "Project summary: Reducing delinquency through integrating delinquents and nondelinquents in conflict resolution." United Community Centers, Inc., 1968.**

Delinquency is one response to a conflict over life possibilities. This project will attempt to demonstrate that alternate responses, which can reduce delinquent behavior, can be developed through the interaction of delinquent and nondelinquent youth in conflict resolution. A nucleus of 20 delinquent and predelinquent youth—Negro, Puerto Rican, and white, mainly from low-income families—will be integrated with nondelinquent youth, Negro and white, mainly middle class. They will receive intensive leadership training in a 9-week summer camp operated by the United Community Centers of Brooklyn, New York. On their return to the community, they will use the leadership skills they have acquired to demonstrate the ability of youth, in cooperation with adults, to develop possibilities important to youth, through involving the larger community, both youth and adult. The forms this cooperation will take will depend on the decisions of the youths and the support provided by adult structures in the community. The process of conflict resolution will be built around a number of interrelated concepts: (1) integrity, the consistency between belief and behavior; (2) integration (the richness of difference), a system of conscious rejection of patterns of exclusion, avoidance, and segregation (Negro-white, rich-poor, adult-youth); (3) the interrelationship of freedom and responsibility; and (4) struggle as a continuous process of conflict resolution.

**242. Ekstein, Rudolf. Psychoanalysis and education for the facilitation of positive human qualities. *Journal of Social Issues*, 28(3):71-85, 1972.**

Psychoanalytic contributions to the development and facilitation of qualities such as empathy, love for neighbor, social mindedness, identification, sympathy, and altruism are reviewed. Freud's concept of the original tie between mother and child is seen as the precursor of modern object relations theory and of the development of language and empathy, the capacity to love, and the capacity to develop altruistic feelings, attitudes, and behavior. Neurotic manifestations of altruism are discussed. It is suggested that perhaps the most valuable contribution of psychoanalysis lies in the field of education: the application of psychoanalytic concepts and understanding to the upbringing of the child and to the education and training of the youth. 40 references. (Author abstract modified)

**243. Elias, Marjorie, F. Three indicators of children's developing ability to recognize and solve complex problems. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-19103 (HC, $10; MF, $4). 87 pp.**

A developmental study of cognitive changes during the course of solving a problem was carried out on 5-, 7-, and 9-year olds. The children worked on problems presented in an unbroken series of trials so that their recognition of a new problem as well as their solution could be studied. Amplitude of skin potential response and latency of overt response, as well as performance were monitored. The findings are interpreted in information-processing terms. It was inferred that the youngest children were processing information within the limits of a "stop rule" which forced them to "exit" from the problem after a brief interval whether or not they solved it. Older children seemed more able to inhibit the stop rule and to continue to process information related to a problem until it was solved. It was also inferred that 5-year olds were responding primarily to trials as semi-autonomous events, whereas the older children were able to integrate trials into the larger cognitive framework of a problem to be solved. A developmental stage shift between ages 5 and 7 is indicated. (Journal abstract modified)

**244. Elkind, David. Giant in the nursery—Jean Piaget. *New York Times Magazine*, May 26, 1968. Section 6, pp. 25-28, 49-62, 77-80.**

Jean Piaget's genius for empathy with children, together with true intellectual genius, has made him the outstanding child psychologist in the world today and one destined to stand beside Freud with respect to his contributions to psychology, education, and related disciplines. Piaget's discoveries of children's implicit philosophies, the construction of reality by the infant, and the stages of mental development have altered our ways of thinking about human intelligence. His work falls into three more or less distinct periods. During the first period he explored the extent and depth of children's spontaneous ideas about the physical world and about their own mental processes. What Piaget found was that children not only reasoned differently from adults, but they also had quite different world views—literally different philosophies. The second period began in 1929 when he sought to trace the origins of the child's spontaneous mental growth to the behavior of infants. The third and major phase began about 1940 and continues today. During this period he has studied the development in children and adolescents of those mental abilities which gradually enable the child to construct a world view which conforms with reality as seen by adults. During this last period, two discoveries are important because of their relevance for education: One deals with the fact that a child has difficulty in dealing with the results of transformations whether they are brought about by an alteration in the object itself or by the child's movement with respect to the object. The other involves a general theory of intellectual development which, in its scope and comprehensiveness, rivals Freud's theory of personality development. Piaget proposes that intelligence—adaptive thinking and action—develops in a sequence of stages that is related to age. Each stage sees the elaboration of new mental abilities which set the limits and determine the character of what can be learned during that period—his is both a nature and a nurture theory. His principal goal of education is to create men who are capable of doing new things, not simply of repeating what other generations have done—men who are creative, inventive, and discoverers.

**245. Engel, George L. A life setting conducive to illness: The giving-up—given-up complex. *Annals of Internal Medicine*, 69(2):293-300, 1968.**

The role of William Menninger in bringing the science of mental health into the purview of American medicine is noted. His stress on the impact of man's capacity to cope with changes in personal and social environment on health and illness is singled out for attention. The giving-up—given-up complex is described as a sense of psychological impotence, disruption of smooth functioning, and impasse in the face of pressing problems. A sense of helplessness and hopelessness, depreciated self-image, loss of gratification from relationships and roles, disruption of sense of continuity, and reactivation of earlier periods of giving up are clinical signs of the condition. It is said to precede, very frequently, severe and often fatal illness. A range of examples from newspaper accounts of personal aftermaths of assassinations and other catastrophes is divided into a group that died of grief, a group that was scared to death, and a group that died of joy. The relationship of central nervous system input processing to biological functioning is discussed. 13 references.

**246. Erlanger, Howard S. The anatomy of violence: An empirical examination of sociological theories of aggression. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-3752 (HC, $10; MF, $4). 307 pp.**

The distribution of interpersonal violence in the United States is outlined, and the major sociological theories of violence are empirically examined, based on a sample of 1,200 adults. There are two major theoretical perspectives in the explanation of interpersonal violence—one explaining aggression in structural terms and one emphasizing cultural causes. They are similar in that they both assume an empirical continuity between minor and severe forms of aggression and in an absence of physical aggression in the white middle and upper classes. The theories have different policy implications since cultural theory holds that violence is a positively sanctioned way of life for blacks and for white lower-class, while structural theory conceptualizes violence as a situational adaptation to stressful life conditions and recommends change of the structural conditions causing them. Data on the distribution of experiences and attitudes relating to interpersonal violence indicate that discontinuity exists between minor and extreme forms of aggression. Serious aggression is strongly related to class and race; minor violence shows no clear relationship. The relationship between ordinary childhood socialization and child abuse, an individual's own socialization experience, and subsequent aggressive behavior was tested. The empirical findings from this analysis of interpersonal violence are reviewed and the efficacy of existing theory, which emphasizes the subculture of violence, is questioned. (Journal abstract modified)

**247. Falk, Ruth B. "Innovations in College Mental Health." Unpublished paper, Chevy Chase, Maryland: NIMH, 1970.**

Community mental health services and preventive intervention systems meet a high level of resistance in the educational institutions of this country as well as in the service professions themselves. Some exciting, varied mental health innovations for college youth that are being developed in various parts of the country are described. They are not representative of the programs on most college campuses, however. Active counseling centers that reach out into the college community are needed on today's campuses. Primary prevention, a developmental orientation, outreach programs including developmental outreach programs, and group procedures are among the techniques used by the more innovative counseling centers. Outreach programs focusing on learning are being used to counteract student dissatisfaction with the present classroom teaching-learning processes. Student resource teams have evolved from these programs. Advisory developmental groups of student volunteers and questionnaires to assist students in making their own decisions are additional innovations toward better student mental health. A student task force report is discussed. From the information received, a set of guidelines for consumer and/or student participation in health services is presented. New experiments in education, such as the free university and experimental college, are discussed. It is believed that these institutions are trying to create the same kind of climate that innovative counseling centers are trying to develop with their outreach programs and their involvement of students in responsible positions.

**248. Fanai, F. Verlauf und prognose der verwahrlosung. Katamnesen jugendlicher mit gestortem sozialverhalten. [Development and prognosis of degeneration. Catamnestic**

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**studies of adolescents with social disorders.] *Psychiatria Clinica* (Basel), 2(1):1-13, 1969.**

The investigations confirm that a great number of socially maladapted young people come from a bad milieu and from families containing a higher than average number of psychologically abnormal persons. Catamnestic studies show that two-fifths of formerly disturbed adolescents have become socially capable, that one-third have achieved a tolerable social adjustment, and that one-quarter have remained asocial. The quality of the results depends on the basic structure of character and on the intelligence level. In the majority of cases, a lasting improvement could only be achieved by prolonged education in specially equipped institutions. An important factor is the establishment of a firm positive affective relationship with a person in authority who knows how to gain the young person's confidence. 10 references. (Author abstract modified)

**249. Farber, Maurice L. *Theory of Suicide*. New York: Funk and Wagnalls, 1968.**

Suicide is discussed as one of the important killers of man. A general theory of suicide is developed which attempts to isolate the essential variables causing suicide in all cultures (especially Norway and Denmark) and throughout history. The loss of hope is the lethal element in suicide. Suicide occurs in people with certain weaknesses in their personalities who encounter stresses which they are unable to cope with. These stresses within the society and the social forces that generate hope and hopelessness are analyzed. Basic equations are offered to illustrate the probability of suicide. 115 references.

**250. Farberow, Norman L. Group psychotherapy with suicidal persons. In: Resnick, H.L., ed. *Suicidal Behaviors: Diagnosis and Management*. Boston: Little Brown, 1968. pp. 328-340.**

The scant literature on group psychotherapy with suicidal persons is reviewed. Effects of suicide on a nonsuicidal therapy group, and of a therapy group on one suicidal member are reviewed. A report is offered of the use of group psychotherapy at the Suicide Prevention Center in Los Angeles. The attempt was made in part because of a lack of staff time. The group was structured for brief treatment and was crisis oriented with the aim of aiding diagnosis and evaluation. Male and female patients ranging in age from 20 to 65, with a modal age group between 30 and 40, and with all diagnoses save overt psychosis have been involved. Groups have averaged five or six patients. The group was seen as a source of support for the patients. Few problems developed and a general satisfaction with the groups is reported. Inclusion of one psychopath, if possible, but never of two, in each group is suggested. It is a foil against the dead affect of a depressed group. The main feature of the group approach was the suicidal bond which brought the members together. The therapists took an active, at times directive, role and were steadily involved with the group. Social, causal, confronting, and interpretive interaction occurred. Emphasis was on action. The therapist's job was difficult, with constant pressure from potential acting-out. A cotherapist is deemed essential. Problems of absence, especially with high-risk patients, are discussed. Brushing aside obsessive features of depression and showing empathy, interest, and concern are suggested techniques for dealing with depression. The need to help patients' work out guilt feelings toward spouses or children is discussed. 3 references.

**251. Farnsworth, Dana L. Issues and quandaries in developing a national program in drug abuse. *West Virginia Medical Journal*, 68(12):361-366, 1972.**

The problem of drug abuse is reviewed and the roles of education, law, and society in its prevention are considered. Heroin, amphetamines, barbiturates, and numerous synthetic drugs have become widely available for abuse, and are used by young people for enjoyment, relief of boredom, acceptance in peer groups, irritation of older persons, and as a means of social protest. A plea is made for more constructive ways of meeting these needs: Family, school, and church must coordinate efforts to meet growth and developmental needs of children. Drug abuse prevention requires a massive attempt to improve the quality of life in society accompanied by efforts to keep the available supply of abused drugs as small as possible. In public policy, the task is to derive measures to improve law enforcement which discourages drug abuse, and to increase public support for the policy. Educational programs with a moralistic view tend to be counterproductive. With respect to the rehabilitation of drug abusers, methadone maintenance prevents withdrawal symptoms and stops the desire for opiates and blocks their pleasurable effects, but fatalities due to overdoses are increasing. Programs of addictive drug maintenance raise moral and ethical questions. Educational programs at all levels of society are needed to stress both the value and the dangers of drugs. Suggested preventive measures include the apprehension of illegal drug distributors, restraints on production, and mass media antidrug campaigns. 3 references.

**252. Fassler, Joan. *My Grandpa Died Today*. Morningside Heights, N.Y.: Behavioral Publications, 1971.**

The volume is designed to help young children cope with the supposed anxieties that would result were they to witness the death of an adult and the aftermath of adult sorrow this entails. A tale is given of a grandfather who tells his grandson of premonitions of death and 2 days later dies in the boy's view. The book represents a mixture of psychological assumptions of how children naturally react to the death of an adult: with initial confusion, then, imitated sorrow, and finally diversion from sorrow through play.

**253. Fast, Irene. The process of vocational choice as a precipitant of personality change. *Psychotherapy: Theory, Research, and Practice*, 5(4):268-271, 1968.**

The process of vocational choice as a precipitant of personality change is discussed. Choosing a vocation is considered one of the life crises. The process of choice brings into focus particular personality characteristics, which have implications for functioning in other life areas. The pressure from the crisis provides the opportunity and motivation for change. A major function of crisis intervention is to resolve the crisis in such a way as to offer enduring satisfaction. There is also opportunity for change in the preexisting level of functioning. An illustrative study is presented, in which modification of the personality characteristics not only permitted vocational choice, but also had ramifications for the individual's general functioning. 4 references.

**254. Fawcett, Jan. *Dynamics of Violence*. Chicago: American Medical Association, 1971.**

The dynamics of violence is explored in a collection of papers divided into three sections: general perspectives, clinical perspectives, and research investigations. Specific topics of consideration include: violence and aggression; collective violence; psychological aspects of international violence; corrections in a democratic society; the cause of violence; prevention in the violence-threatening patient; the self-referred violent; organic brain disease; homicide in adolescents; transmission of the urge to kill from parent to child; adaptive and disruptive aspects of aggression; psychotherapy; ego restraint; hostility catharsis; the assassin and the assassinated; violent behavior in prisons; genic activity; coping with aggression among normal adolescent boys; and adolescent aggression and dependence.

**256. Feirstein, Alan; Weisman, Gilbert; and Thomas, Claudewell. A crisis intervention model for inpatient hospitalization. In: Masserman, J., ed. *Current Psychiatric Therapies*. New York: Grune and Stratton, 1971. pp. 183-190.**

The crisis intervention model for inpatient hospitalization seems to provide a viable and most promising alternative to longer term inpatient hospitalization for many acutely disturbed psychiatric patients. At the time of 2-month post-ER interviews, the patients who had been treated on the emergency treatment unit showed a consistently higher level of community social adjustment than the control group of patients who had received more traditional forms of treatment. One-year post-ER interviews should provide answers to the crucial question as to whether these differences will be maintained over an extended period of time. 10 references. (Author abstract modified)

257. **Feldhusen, John F.; Houtz, John C.; and Ringenbach, Susan. The Purdue elementary problem-solving inventory. *Psychological Reports*, 31(3):891-901, 1972.**

The Purdue Elementary Problem-Solving Inventory was designed to measure problem-solving abilities of socioeconomically disadvantaged children of different ethnic backgrounds in grades one to six using real life tasks. The test consists of 49 problems which are presented as slides portraying children in cartoon form in real-life situations. The inventory was designed to measure the following abilities: sensing that a problem exists, defining the problem, asking questions, guessing causes, clarifying the goal of the problem situation, judging if more information is needed, analyzing details, redefining familiar objects for unusual uses, seeing implications, solving single- and multiple-solution problems, and verifying solutions. Analyses of variance demonstrated that ethnic background accounted for only 3 percent of the variance and socioecononmic status for only 5 percent while grade level accounted for 37 percent. 57 references. (Author abstract)

258. **Feldman, M.P. *Psychology in the Industrial Environment*. London: Butterworth, 1971.**

A psychological approach to the industrial environment is based on man as a worker and as the consumer of the products of work. Techniques for selecting and dealing with personnel in manufacturing, management, selling, and scientific investigation are presented. Topics considered are communication within a business, motivation, boredom, techniques for diagnosing job satisfaction, personality and its effect upon on-the-job accidents, and consumer reaction. There is special emphasis on creativity and the educational background necessary for each of the four job categories. The use of interviews, questionnaires, and psychological, personality, intelligence, and aptitude testing is explained and advocated as a necessary guide for man's adjustment in the occupational field.

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**259. Fenz, Walter D., and Epstein, Seymour. Gradients of physiological arousal in parachutists as a function of an approaching jump. *Psychosomatic Medicine*, 29(1):33-51, 1967.**

It has been suggested that experienced parachutists would show a continuous decline in such physiological measurements as heart rate, breathing rate, and skin conductance during ascent in an aircraft. Novice parachutists, in contrast, would demonstrate a continuous rise in similar physiological activity. An experiment designed to test this hypothesis revealed that experienced jumpers demonstrated an initial rise followed by a decline in these measurements (an inverted V-shaped curve). It is believed that repeated exposure to threat contributes to the development of expanding gradients of activation and of inhibition. A steeper slope would be present for the latter. The result would be an adaptive mechanism to control the internal consequences of threat. 10 references.

**260. Fine, R.H., and Shatkin, Eugene P. Pregnancy and therapeutic abortions: A critical issue in adolescence. *American Journal of Orthopsychiatry*, 41(2):303-304, 1971.**

A review is given of a paper presented at the 48th Annual Meeting of the American Orthopsychiatric Association, in which sociological and psychological data are examined as regards effects of pregnancy and therapeutic abortions on the family life of 73 adolescent girls. Findings indicate that these girls were not emotionally healthy, but were troubled adolescents, like their troubled parents with whom they lived. At least half of the girls had problems with school and/or the juvenile authorities. Drug exposure was limited to a very few. In the family dynamics a collusion or secret pact seemed to exist between mothers and daughters. The girls' behavior was influenced by the mothers' unconscious desires or conflicts. The fathers were authoritarian, punitive parents, who had little interaction with or influence on their daughters. Sex education was highly inadequate in the home and in the school and, for the most part, was haphazard and filled with misinformation. The personality of these girls could be viewed as passive aggressive, passive dependent, and filled with immaturity. These impressions point toward the necessity of improving sex education both at home and at school as well as improving the availability of counseling in the school and in the community. (Author abstract modified)

**261. Fine, Wilfred. Cerebral symptomatology in old age. *Nursing Mirror and Midwives Journal* (London), 132(18): 37-39, 1971.**

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Attention is drawn to some of the difficulties encountered by elderly individuals in a community, including loss of income, distance from main shopping centers, stairs to climb, confusing changes in urban development, and their own decline in efficiency. The common symptoms leading to hospitalization of the elderly and relating to cerebral symptomatology are: dizziness, falls, blackouts, epileptic fits, confusional episodes, and cerebrovascular accidents. The survey presents solutions to most of these symptoms based on intelligent medical treatment and/or adjustment of home environment. Mental confusion due to causes other than toxi-infective causes are listed: myxoedema; anemia; vitamin deficiency (vitamin B-12); and senile dementia. Over 50 percent of mental hospital beds for female patients are now occupied by patients over 65, the majority of whom suffer from senile dementia. A better orientation towards the protection of the elderly is urged.

**262. Fink, Hans F. Development arrest as a result of Nazi persecution during adolescence. *International Journal of Psycho-Analysis* (London), 49(2-3):327-329, 1968.**

The arrest of development as a result of Nazi persecution during adolescence is discussed. A patient, Joseph, was examined for seven consecutive interview sessions. There were three distinct phases in the form of his reporting and in his way of relating to the interview, which corresponded to three specific periods of his life history: childhood; persecution; and postliberation. Joseph's condition revealed injury, deprivation, and oppression. Standing between the barely remembered, somewhat unreal childhood and the aimless, unsettled wandering after his liberation, his catastrophic experience of the persecution was the only reality for him. The lurking presence and the hyperamnesia for the persecution were an expression of the repetition compulsion for this unresolved experience. The unique immensity of the concentration camp experience during the developmental phase of adolescence was responsible for an emotional illness which cannot be completely understood within the conventional framework of the etiology of traumatic neurosis. 5 references.

**263. Fink, Stephen L. Crisis and motivation: A theoretical model. *Archives of Physical Medicine and Rehabilitation*, 48:592-597, 1967.**

A theoretical model explaining processes of adaption to stressful crisis situations is presented. Crisis is defined as the experiencing of an acute situation where one's repertoire of coping responses is inadequate in effecting a resolution of the stress. Four stages of crisis are seen to occur. The first phase is shock, which occurs when danger is perceived. If the danger is physical, attention is focused on treatment. The second stage is the fight-flight situation of defensive retreat. Reality and the possibility of change are denied. The third phase is acknowledgement, during which stress from reality confrontation is reinstated. Self-image depreciates, and depression and bitterness may occur. In the physically disabled person, this period occurs when motor function improvement is less rapid or ceases. The last phase, adaptation, entails the development of a modified self-image, the formation of new values, increased understanding, and reduction of anxiety. Motivational factors which occur in the shock and defensive retreat stages are discussed as safety needs. Therapeutic intervention should involve emotional support. Growth needs begin during the acknowledgment phase and are critical during adaptation. At this time the individual must be encouraged to take risks leading to future growth. 1 reference.

**264. Fisher, Lawrence, and Warren, Robert C. The concept of role assignment in family therapy. *International Journal of Group Psychotherapy,* 22(1):60-76, 1972.**

Several hypotheses involving the nature of family interaction with respect to adaptation to stress and resistence in therapy are outlined. The concept of role assignment is introduced in an effort to label at least one kind of familial adaptation technique. Case material is used to illustrate the issues raised and a discussion of therapeutic technique is also presented. Application of role-concept assignment involves problems of family seductiveness and the issues which form the problems encountered in the adoption of an assigned role. By its very nature, the family is an extremely seductive entity. A family strained by overtaxed and ineffective adaptive systems can easily seduce well-meaning psychotherapists into inappropriately accepting assigned roles. The assigned role should be adopted by the therapists when it is their considered opinion that: the family has insufficient resources to function without such direct intervention; the family is not presenting the role in an effort to prevent confrontation and change; it is clear to the family that the role adoption will be only for a short time; and there is evidence that the family will be able to accept the relinquishing of the role by the therapist at a later date. These conceptualizations are concluded to be helpful as an initial framework to be used in the training of family therapists and can enhance the understanding and guidance of therapeutic interventions with families. 16 references.

**265. Fisher, Rhoda L. Thinking style and socio-economic status. *Perceptual and Motor Skills*, 26(3):825-826, 1968.**

Thinking style in relation to socioeconomic status is studied. Reflective thinking style, as measured by the Conceptual Styles Test (CST), was assessed for five groups of public school children: (1) 28 Negro fifth-grade boys in a ghetto school; (2) 22 Negro fifth-grade girls in a ghetto school; (3) 23 lower socioeconomic status fourth- and fifth-grade white boys with extremely impulsive behavior and short attention span; (4) 45 normal white middle-class boys; and (5) 43 normal white middle-class girls. Results showed that the CST did not discriminate between any of the groups. The findings indicate that reflectiveness as measured by the CST does not differ with socioeconomic class or with behavior style, and that the ghetto child does not approach problem-solving tasks differently from the middle-class child. 2 references.

**266. Fitzgerald, Roy G. "Visual Phenomenology in Recently Blind Adults." Unpublished paper. Bethesda, Maryland: NIMH, 1970.**

A systematic investigation of the psychosocial factors characterizing reactions to blindness is described. The sample interviewed comprised 66 recently blind adults, nearly all those eligible in a large metropolitan region of London. The reactions to loss of sight involved overwhelming psychic distress. Depressive affect, suicidal ideation, anxiety, and other components of the depressive syndrome were most prominent in a generally abating reaction. Visual residua in ideation and behavior occurred in all subjects; also common to all were behaviors irrelevant to their blindness. The intrapsychic phenomena and motor behavior are described, exemplified, and related to maladaptive coping under the following groups: (1) visual experiences awake and asleep in 85 percent of the sample; (2) recurrent affective responses to dreaming and waking events in 100 percent; (3) visual residua in cognitive and motor behavior in 100 percent; and (4) maladaptive coping and diminished awareness of blindness in 95 percent. Sexual concerns and impotence were sometimes present. The implications of the above findings are discussed in comparison with other literature on blindness, with other loss situations, and with several theoretical models. 28 references. (Author abstract modified)

**267. Flach, Frederic F. Reasonable communication in the easing of drug abuse. *Journal of School Health*, 42(3):155-157, 1972.**

Society's response to the growing drug abuse epidemic among children is discussed, and alleviation is sought in improved communications. Most of the current programs for combating drug abuse have been developed without professional wisdom, and have therefore been subject to serious errors because of inexperience. Although well meaning, many of the new drug abuse control bureaucracies, staffed by inadequately trained pseudoexperts, attempt to meet the challenge with simplistic, superficial solutions which do not adequately cope with so complex a social and medical problem. The media present boring, contradictory, biased, and often misinformed attacks on drug abuse, and classroom teaching on the dangers of drugs is ineffectual and uninformative. Established professional groups must be adequately trained to deal with the problem; the most important of these should be the teachers and school health educators. The primary money and energies available should be directed toward programs which decentralize the issue of drugs and which focus instead on those psychological and social factors which cause the drug problem in the first place. The aim of existing programs should be shifted toward the prevention of cause rather than effect. 6 references.

268. **Flax, Norman Manuel. The relationship between measured academic achievement and social competence among fifty educable mentally retarded children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-23932 (HC, $10; MF $4).**

The relationship between measured academic achievement of educable mentally retarded (EMR) children and their social competence was studied to: (1) determine if there is a positive or negative relationship between academic achievement and IQ and (2) determine if there is a positive or negative relationship between IQ and either of these two variables. The Null hypothesis was tested that there would be no significant relationship between measured academic achievement, intelligence, and social competence of EMRs. The findings suggested that EMRs did not differ significantly from normal children in relation to aggressive acting-out behavior and leader-orientedness behavior. Significant differences were found with regard to belongingness and comfort behavior between EMRs and normals, but this difference tended to diminish with time. The correlations between social competence and academic achievement were nonsignificant, as were the correlations between IQ, academic achievement, and social competence. Recommendations are included for further research into important similarities between EMRs and their normal peers. (Journal abstract modified)

269. **Fleck, Stephen; Lidz, Theodore; and Cornelison, Alice. Comparison of parent-child relationships of male and female**

**schizophrenic patients.** ***Archives of General Psychiatry,*** **8:1-7, 1963.**

The report deals with an examination of the data on the family pathology of 17 schizophrenic patients according to their sex. It was found that the schizophrenic males often came from skewed families with passive, ineffectual fathers and disturbed, engulfing mothers, whereas schizophrenic females typically grew up in schismatic families with narcissistic fathers who were often paranoid and, while seductive of the daughter, were disparaging of women, and with mothers who were unempathic and emotionally distant. Satisfactory ego development and integration in males and females depended on different requisites in family structure and dynamics. Sons need to differentiate from their mothers more definitively than daughters and to become able to provide for, rather than passively depend on, women; they require a positive role model in the father to achieve security as a man, and a masculine superego to be guided away from incestuous entanglements. A symbiotic, engulfing mother and a weak father who is uncertain of his masculinity and emasculated by his wife create serious problems for a boy, and it is such configurations that are common in families with schizophrenic sons. A daughter need not differentiate from her mother as fully as a son, but in order to develop a capacity for maternal feelings, she needs to absorb such feelings from her mother, who also must serve as a model of a woman whom the father can cherish and love. A distant and unempathic mother and a father who is disparaging of the mother and of all women, and who seductively uses a daughter to bolster his narcissism and to punish his wife, will create grave impediments to a daughter's development. This pattern exists in aggravated form in most families with schizophrenic daughters. 30 references.

**270. Flomenhaft, Kalman, and Langsley, Donald G. After the crisis. (Postcrisis psychiatric intervention.)** ***Mental Hygiene,*** **55(4):473-477, 1971.**

Observations and impressions about postcrisis intervention, where effective psychiatric intervention can prevent acute psychiatric illness from developing into a chronically disabling problem, are presented. The results from 186 families treated at the Family Treatment Unit of Colorado Psychiatric Hospital between 1964 and 1969 are given. The experience of this unit has been that effective crisis intervention requires close liaison with community agencies. Since 50 percent of the 186 families treated were in need of longer term treatment, the continuing value of what was achieved in crisis treatment depended on the work of community agencies. The referral process was just as important to the operation of the unit as the direct work with patients and families. 2 references. (Journal abstract modified)

**271. Folsom, James C. From custody to therapy. *Military Medicine*, 137(6):209-214, 1972.**

Nursing assistants form the basis of a program to bring mental patients from a custodial state to recovery through therapy. The five attitudes, or techniques, used by the staff of a Veterans' Administration hospital in Tuscaloosa, Alabama, are discussed and presented as case reports. These attitudes are: no demand; kind firmness; active friendliness; passive friendliness; and matter of fact. The treatment philosophy is: The mental hospital is not the natural habitat of man; there is no such thing as a hopelessly ill mental patient; every employee is to be considered a potential therapeutic agent; and the ultimate goal is to get the patient, his family, and the community involved in the therapeutic process.

**272. Folsom, James C. Attitude therapy in a hospital setting. In: Masserman, J., ed. *Current Psychiatric Therapies*. New York: Grune and Stratton, 1971. pp. 191-194.**

Attitude therapy in a hospital setting is described. The treatment program is structured on some basic concepts, among which are (1) that the mental hospital is not the natural habitat of man; (2) that there is no such thing as a hopelessly ill mental patient; (3) that every employee and every volunteer who works in the hospital is important to patient treatment; and (4) that most mental illnesses can be viewed as a pattern of maladaptive responses learned by the individual, which impair the effectiveness of his communication with, and adaptation to, his environment. Effective communication can be reestablished by a prescribed treatment approach. The treatment team may prescribe one of five attitudes: active friendliness; passive friendliness; matter of fact; kind firmness; and no demand. It must be clearly understood that attitude therapy is not role playing, that every employee may not be able to work with patients on all five of the attitudes, and that attitude therapy must be changed as necessary to meet the treatment need of the patient.

**273. Fontana, Vincent J. The truth about asthma and emotions. *Medical Insight*, 3(2):14-17, 1971.**

Both the role of the emotions and allergenic causes should be taken into account in the medical management of asthmatic children. The allergenic factors can be easily controlled. Existing infection and nonspecific factors including fumes, humidity, fatigue, and stress must be treated simultaneously. Empathy and cooperation between the doctor, parents, and patient is needed to lessen the child's anxiety and foster suitable attitudes in the family.

**274. Ford, Charles V., and Spaulding, Raymond. The Pueblo incident: A comparison of factors related to coping with extreme stress. *Archives of General Psychiatry*, 29(3):340-343, 1973.**

The 82 surviving crew members of the U.S.S. Pueblo were evaluated psychiatrically after their release from 11 months of imprisonment in North Korea. A group of men defined as coping with the stress well was compared to a group who tolerated it poorly. Men who did well had personality diagnoses often listed as healthy or schizoid. They tended to use a wide variety of ego defense mechanisms, particularly faith, reality testing, denial, rationalization, and humor. Men in the group defined as handling the stress poorly were frequently diagnosed as being passive-dependent and were more limited in the number of ego defense mechanisms utilized. Factors such as age, education, and length of military service were not significant in differentiating between the two groups. 6 references. (Author abstract)

**275. Fordham, Michael. Maturation. In: Fordham, M., ed. *Children as Individuals*. New York: G.P. Putnam's Sons, 1970. pp. 111-131.**

To clarify the hypothesis that a baby is primarily a psychosomatic unity, the self-evidence is presented for the various stages of development of a child. The self is described in intrauterine life, in nursing, in development and management of part objects, in management of whole objects, in identity, in the separation-individuation phase, in Oedipal conflict, and in latency and adolescence.

**276. Foreman, Nancy Jo, and Zerwekh, Joyce V. Drug crisis intervention. *American Journal of Nursing*, 71(9):1737-1739, 1971.**

Problems and methods of drug crisis intervention likely to confront nurses in a hospital environment or in an off-duty situation are discussed. The common symptoms of the different types of abused drugs and the nature of emergency treatment for each are suggested. These drugs include hallucinogens, amphetamines, barbiturates, and heroin. It is stressed that nurses must be knowledgeable concerning the nature of the problem and methods of crisis intervention. They must also possess an understanding and compassionate attitude toward such patients. Nurses who are able to use an effective initial approach will play an important part in later treatment and rehabilitation programs, particularly those involving youth who often feel judged and alienated from health professionals. 6 references.

**277. Forrest, Marvin Sonny. The social learning approach to depression: Autonomic arousal reduction via self-punitive behavior. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-7010 (HC, $10; MF, $4). 81 pp.**

Self-punitive behaviors and their concomitant autonomic arousal reduction patterns in psychometrically depressed and nondepressed subjects were investigated. These groups of subjects were further divided into subgroups that received either a high or low intensity self-shock. The subjects were then placed in a two-person interaction situation whereby they believed they could either shock or reward the experimental confederate or administer a lower intensity self-shock to themselves. The interpersonal contingencies, during the conditioning phase, were arranged so that by making self-punitive responses, the subject could avoid a more severe shock from the confederate. The results indicate: (1) The depressed group utilized the self-punitive counterresponse significantly more often than did the nondepressed group, suggesting that depressed subjects, when aggressed against, tend to be more self-punitive than nondepressed subjects. (2) Self-punitive responses in depressed subjects can be conditioned and the intensity of the self-punitive stimulus is an important parameter for the development of these behaviors. (3) The depressed group exhibited a cathartic-like rapid autonomic arousal reduction when a self-punitive response was made in response to the confederate's aggression. The findings suggest that depressed patients have learned to cope with environmental and interpersonal stresses with self-punitive and/or nonassertive behaviors, and these behaviors have been successful in dealing with their normal day-to-day existence. (Journal abstract modified)

**278. Forrest, Thomas R. Needs and group emergence: Developing a welfare response. *American Behavioral Scientist*, 16(3):413-425, 1973.**

Analytical distinctions, useful for understanding the process of group emergence in a crisis situation, are presented. Emergent groups occur in response to a need in the system. During the Detroit civil disturbance, a welfare need existed when established welfare organizations were unable to meet urgent riot-related needs. This need was eventually filled by the establishment of the Interfaith Emergency Center (IEC). This center had two distinct advantages over established welfare organizations: (1) It was not constricted by bureaucratic structure; and (2) it had access to large quantities of uncommitted resources. The process of the emergence of a new group in a crisis may be attributed to the fact that there are individuals within the community who seek to interpret events and find means for restructuring the situations. These individuals seek friends and acquaintances to help interpret events; such communication and interaction promotes a search for meaning and understanding. With the aid of certain prestigious individuals, a definition of the situation is reached. An action commitment occurs when opinion leaders persuade the group to take a given course of action. 4 references. (Author abstract modified)

**279. Fotheringham, John B.; Skelton, Mora; and Hoddinott, B.A. The effects on the family of the presence of a mentally retarded child. *Canadian Psychiatric Association Journal* (Ottawa), 17(4):283-290, 1972.**

Data were collected on 38 noninstitutionalized retarded children and their families and were compared to data on 80 institutionalized retarded children and their families in order to evaluate the effects on the family of the presence of a mentally retarded child. This presence is conceptualized as constituting a stress which the family attempts to cope with by bringing its resources to bear on the problem. If the stress proves too great for this coping mechanism, institutionalization may be sought. Followup studies of families who responded to this stress by institutionalizing their retarded children suggested that in many instances institutionalization is not the ideal answer for the family or the child but that a more complex variety of solutions is needed. 19 references.

**280. Foulks, Edward F. Schizophrenia and revitalization in pre-modern societies. In: Brady, J., ed. *Psychiatry: Areas of Promise and Advancement.* New York: Spectrum, 1977. pp. 137-144.**

The epidemiology of schizophrenia is reviewed, and its occurrence is compared with the occurrence of specific socioreligious phenomena in premodern societies which have been termed revitalization movements. The establishment of the religion of Handsome Lake among the Seneca Indians in New York, and the development of cargo cults in Melanesia are cited as cases in which the experiences of the schizophrenic may have provided a mechanism for rapid cultural resynthesis through revitalization during periods of social disintegration. Parallels between the characteristics of the prophet and the schizophrenic are discussed. Research has indicated that schizophrenia occurs at a relatively constant prevalence throughout the world and is probably polygenically inherited. It is suggested that the ubiquitous prevalence of schizophrenia may be the result of selective advantage and may have provided a mechanism for cultural adaptation and change during periods of stress when traditional coping methods were unsuccessful. 24 references.

**281. Fraiberg, Selma. Parallel and divergent patterns in blind and sighted infants. *Psychoanaltyic Study of the Child,* 23:286-300, 1968.**

The findings of a study of blind children in the areas of adaptation and defense are reported, and several examples are given of transient regressive states among some of the young blind children studied. The visual deficit in each of the children created extraordinary adaptive problems in the development of defensive action and defense mechanisms by the end of the second year of life. The adaptive problems appeared in a range of human environments that permitted some assessment of qualitative factors in mothering. It is not blindness alone that imperils the child's development, but the absence of vision as an organizer of experience, the absence of vision as the facilitator of gross motor achievements and prehension, the absence of vision in constructing a stable mental representation, and the obstacle to finding motor pathways for aggression that can lead to defense and neutralization of aggression in the service of the ego. The clinical examples of severe pathological regressions in five children show the helplessness of the blind child in the face of objective danger and the vulnerability of the blind child's ego for an extended period in early childhood. 16 references. (Author abstract modified)

**282. Fraiberg, Selma, and Freedman, David A. Studies in the ego development of the congenitally blind child. *Psychoanalytic Study of the Child,* 19:151-163, 1964.**

Based on observations of the case discussed and other deviant blind children, the following topics are examined: (1) blindness as a communications barrier between mother and infant with extraordinary demands on the mother's own adaptive capacity; and (2) blindness as an impediment during critical phases of ego formation with extraordinary demands on an infant's adaptive capacity. While this case study and those of other deviant blind children show marked deficiencies in the earliest ties with mother, still other deviant blind children achieve a demonstrable human tie by the 7th or 8th month, followed by a developmental impasse during the crucial 9-to-18-month period. Therefore there are a number of points in the process of ego formation where blindness itself creates hazards. The specific ways in which this occurs can be inferred from the characteristics of the blind children with arrested development: (1) Perception remains mouth centered; (2) erotic or aggressive qualities remain mouth centered and not differentiated; (3) there is a failure to employ the skeletal muscles for the discharge of aggression; (4) there is a significant delay in the achievement of independent locomotion; and (5) there is a failure to acquire an object concept. A developmental study of a blind child which began at 22 weeks is reported. The study points out how blindness created a roadblock in her development at certain critical points in ego formation. This section describes her smiling response before 5 months, her anxiety reaction to strangers at 8 and 9 months, and her impasse in motor development when she was maturationally ready for creeping at 8 months, but was unable to until 14 months. The blind child is dependent on locomotion to make the crucial distinctions between self and outer world and to construct a world of objects, and here, ironically, the absence of vision becomes an impediment to the establishment of locomotion. 23 references.

**283. Fraiberg, Selma. Separation crisis in two blind children.** ***Psychoanalytic Study of the Child,*** **26:355-371, 1971.**

Observations of separation anxiety in blind children in the 2nd year are presented. Basic concern is with the developmental crisis as an event that is experienced by both mother and child, one in which the adaptive tendencies of the child and the adaptive modes of the mother are united as the two partners work toward solution and restoration of harmony. Two cases are cited which illustrate the characteristics of separation anxiety in blind infants and the meaning of separation for such a child. Differences between blind and sighted children in the 2nd and 3rd years are emphasized. 14 references.

**284. Fraiberg, Selma. Intervention in infancy: A program for blind infants.** ***Journal of the American Academy of Child Psychiatry,*** **10(3):381-405, 1971.**

A program of intervention with infants blind from birth is described, and implications for work with other groups of disadvantaged infants are considered. Typically, these children appear to have no significant human ties. Language, if present at all, is echolalic. There is no definition of body boundaries, of self and other. There are motor stereotypes of the trunk and hands. Such children constitute about one-quarter of those defined as totally blind from birth. To discover ways of helping such children, a series of longitudinal studies was conducted, and the unique developmental patterns of a blind baby were discerned. There were typical developmental roadblocks which could be clearly seen as impediments due to blindness itself. Two exceptionally adaptive mothers found adaptive routes. The program presented represents both research and applied research. 21 references.

**285. Frankenhaeuser, Marianne, and Rissler, Anita. Catecholamine output during relaxation and anticipation. *Perceptual and Motor Skills*, 30(3):745-746, 1970.**

Measures of catecholamine excretion were obtained from 40 male college students during two contrasting inactivity conditions, one of which was characterized by anticipation and uncertainty and the other by relaxation. Results showed that the anticipation of unpleasant, though harmless, events in a situation which the subject was unable to influence brought about nearly a threefold increase in adrenalin output as compared with baseline levels. 5 references. (Author abstract modified)

**286. Frankl, Liselotte. Self-preservation and the development of accident proneness in children and adolescents. *Psychoanalytic Study of the Child*, 18:464-483, 1963.**

Self-preservation and the development of accident proneness in children and adolescents are studied. The function of self-preservation develops gradually in the preoedipal and oedipal phase as functioning according to the pleasure principle is gradually replaced by the reality principle, and the child takes over the self-protective function from his parents. Examples which highlight age-characteristic factors leading to accidents are noted: the tendency to express mental conflict in bodily terms; anal-sadistic conflicts; age-specific castration anxiety; and the dramatization of sexual fantasies, together with exhibitionism and sudden, often deep regression. One of the conclusions reached on the basis of psychoanalytic treatment of children and adolescents at the Hampstead Clinic points to the importance of beginning treatment as soon as accident proneness has been spotted and before maturity has been reached. By treating children and adolescents, thus freeing some of the aggression which has been turned against the self and expressed in the symptom of accidents, a more adequate object choice and form of work may be facilitated, as a rule before final decisions in this respect have been made. Thus, treatment of accident proneness at an early stage of the illness might also lessen the incidence of fate neurosis in adults. 23 references. (Author abstract modified)

**287. Franks, Darrell D. Adjustment to acquired blindness. *Journal of the Kansas Medical Society*, 72(5):238-243, 1971.**

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The social and psychological changes in adjusting to acquired blindness are presented. The postblindness reaction usually consists of a period of depression with its classic characteristics, following which the individual enters a stage comparable to a child beginning to learn about his environment. High ego strength, low anxiety, and adoption of a positive attitude are important considerations in adequate adjustment. The problem of degree of dependency of the blind person on relatives, friends, etc. is also discussed. The blind person is most likely to fill the role that he perceives his group members want him to take. Blindness itself does not appear to be a cause of mental illness, although it may produce decompensation in the marginally adjusted individual. 18 references.

**288. Frater, Dorothy. Socio-cultural factors and their influence on the attitudes and concerns of youth. Dissertation Abstracts International. Ann Arbor, Mich., University Microfilms, No. 71-21750 (HC, $10; MF, $4). 158 pp.**

An analysis of the extent to which specific sociocultural factors within a community are a predetermined influence on the attitudes and concerns of youth toward themselves and their families is reported. Subjects were 1,454 youth of grades 9 through 12 in 5 communities where sociocultural differences were apparent. The instrument used to measure concerns was an adaptation of that constructed by Moore and Holtzman for their Texas Cooperative Youth study. Results of the study showed significant difference among the communities on orientation to society, orientation to authority, criticism of education, criticism of youth, self-inadequacy, family tension, personal adjustment, social inadequacy, resentment of family lifestyle, social conformity, social isolation, financial troubles, and resentment of dependency. The only ethnic variable was the Acadian French origin of a majority of youth in one community. Youth of this school showed a greater orientation to authority and more problems of isolation. Youth of higher grades expressed fewer problems than did those in ninth grade, and those in the academic program expressed fewer problems than those in the nonacademic groups. (Journal abstract modified)

**289. Frederick, Calvin J., and Resnick, H.L.P. Interventions with suicidal patients. *Journal of Contemporary Psychotherapy,* 2(2):103-109, 1970.**

More innovation is needed in crisis intervention and community mental health service techniques to use psychotherapy for suicide prevention. However, a survey reveals sharp division among professionals in the field on whether such behavior can be predicted or diagnosed, whether screening processes are satisfactory, and whether reported successes in prevention are valid proofs of treatment or result from weak diagnosis. Some areas needing further research are the followup or survivor problem, group psychotherapy innovations, and adjunct use of volunteers. Five aspects of intervention that differentiate suicidal cases from traditional therapy techniques are: (1) suicide spans a broad spectrum of disorders and personalities; (2) there is a unique life and death component not found in other mental health problems; (3) the need for sensitive and stable volunteers is greater in this area; (4) traditional therapy approaches have not sufficed, calling for innovation; (5) interventions are multidisciplinary and involve such nonmedical factors as the law and cultural, family, and social attitudes. Those who believe current procedures are inadequate focus on the unreliability and doubtful scientific validity of clinical diagnosis and treatment. The difficulty is in determining whether the source of depression is psychoneurotic or characterological. Training in this specialized field is rare in professional school curriculums or graduate school placements. Various elements of the problem are discussed: status of screening and diagnosis; status of treatment; temporal aspects of treatment; the need for new techniques; the use of volunteer services and their requirements for participation of the professional. 10 references.

**290. Frederick, Calvin J. The present suicide taboo in the United States. *Mental Hygiene*, 55(2):178-183, 1971.**

Much attention has been given recently to crisis intervention and suicide prevention programs throughout the United States. While these efforts are laudable philosophically, taboos against suicide still exist, even among professionals. This is supported through the use of anecdotal and clinical examples, existing national actuarial data, and conclusions found in an exploration of the attitudes of a small sample of college-educated persons, both professional and nonprofessional. These groups compartmentalized thinking about suicide, but the professionals were less aware of their attitudes and employed intellectualization and denial more frequently than nonprofessionals. 7 references. (Author abstract)

**291. Fredericks, H. D. Bud. Improving coordination in mongoloids. *Washington Department Institutions, Research Report*, 2(2):68-71, 1968.**

Forty-eight heterogeneous mongoloid children between the ages of 7 and 12 were subjects in an experiment in improvement of motor skills. It was hypothesized that if these children had their motor coordination improved while they were young, the improvement would enhance their adaptive behavior as they grew older making them more acceptable in a vocational situation as well as allowing them greater mobility in the performance of certain vocational skills. The subjects were divided into treatment and control groups of equal size. One-half of each group was given both pre- and post-testing; the other halves were given post-testing only. Each child in the treatment group received daily treatment in 4 sessions of 5 minutes each with a 15-minute break between the sessions. Treatments consisted of a series of eight motor activities, administered by students at Oregon College of Education. Only social reinforcement—a hug, squeeze, or the words "good," "wonderful"—was used. The trend analysis made possible by the research design showed a sharp rise in the behavior modification scores of the children in the treatment group. Scores of the control group rose much less sharply, probably as the result of repeated testing. The Lincoln-Oseretsky Motor Development Scale, modified for use with the test population, showed a significantly greater (0.05 level) improvement of both gross and fine motor coordination scores among the treatment group as compared with the control group. These results indicate that motor coordination can be improved with a minimum of treatment through the use of a structured, well-organized curriculum. (Author abstract modified)

**292. Freeman, Hugh L., and Roy, Ranjan G. Some comparative studies of psychiatric emergencies. *Comprehensive Psychiatry,* 12(3):208-216, 1971.**

Comparative studies of psychiatric emergencies are reviewed and common trends identified, based on data obtained from such admissions to a number of British hospitals and community mental health facilities. It appears that in general both the composition and disposal of any series of identified emergencies can be related to such service considerations as (1) available agencies to handle them, (2) the professional habits of agency personnel, and (3) the time of referral. These trends are in addition to the influence of demographic and social characteristics of the population being served. In addition, the importance of emergencies in any practice of psychiatry which has a community responsibility cannot be underestimated, although in many cases hospital admission could be avoided if family resources and other nonprofessional support were suitably activated. Of particular value are home visits by social workers and/or psychiatrists. Whatever the best measures may be, the data are in general agreement that early identification of psychiatric disorder, followed by application of some type of immediate psychiatric aid, is essential as a means of avoiding harmful emergency situations. Accordingly, there is a particular need for availability of trained mental health social workers at all community health facilities for intervention in such situations. 19 references.

**293. Freeman, M. Adolescent problems and mental health. *Medical Journal of Australia* (Sydney), 2(17):865-869, 1969.**

The mental health of the adolescent is affected by hormonal changes associated with puberty, by the increase in physical size, and by aspects of maturation and development. Specific problems arise in adolescent obesity, social maladjustments, and learning problems in school. The latter are often apparent in the early grades and usually occur then because of a lack of biological readiness; but emotional environment and motivation are also involved, particularly when problems are present at the adolescent level. Normal psychological development in adolescence usually proceeds in the following areas: achievement of security and identity, attainment of a balance of dependence and independence, ability to control impulsive behavior, learning an appropriate sex role, and internalizing a personally felt set of values. Adolescent problems today seem more troublesome and are greatly influenced by several significant factors: the population explosion; adolescent affluence; the changing nature of the family, especially as manifested in the breakdown of the extended family and in the changing status of women; the impact of mass media; the questioning of established systems; and the effect of increasing educational levels. 11 references.

**294. Freud, Anna, and Dann, Sophie. An experiment in group upbringing. *Psychoanalytic Study of the Child,* 6:127-168, 1951.**

An experiment in group upbringing is described, in which the six children involved were all orphans, victims of the Hitler regime, who had come under the care of the concentration camp of Tereszin and later Bulldogs Bank in England. None of the children had ever known a family. Their reactions towards adults (including aggressiveness) and other children within the group are described, as well as the development of positive relations with adults. Further discussion centers on the children's oral eroticism (masturbation), eating and toilet habits, ego attitudes, fears and anxieties, and language problems. It is hoped that further contact will give indications as to how such emotional anomalies of early life influence the shaping of the Oedipus phase, superego development, adolescence, and the chances for a normal adult love life. 6 references.

**295. Freud, Anna. Die psychoanalytische Psychologie der Kindheit und ihre Quellen. The psychoanalytic psychology of childhood and its sources. *Psyche* (Stuttgart), 22(6):405-409, 1968.**

Although psychoanalytically oriented psychology has exerted a profound, positive influence on child raising and education, it has failed to fulfill early expectations that it would provide effective prophylaxis against the development of neuroses, which are the price mankind pays for the development of a culture. For example, even in the presence of detailed, verbal enlightenment with respect to adult sexuality, children continue to develop and cling to traditional pregenital misconceptions and theories, which are apparently a part of an essential prepubertal developmental process. If freedom with respect to masturbation has resulted in widespread diminution of guilt feelings, it has also resulted, unexpectedly, in a widespread deficit with respect to moral development, by eliminating a basic inner conflict between drive and ego which played a determinant role in character formation. If anxiety over parental strictness has disappeared, anxiety engendered by conscience has increased enormously. Where fears of a punishing superego have been reduced markedly, the child has become overpowered by his own drives and by the fact that they may not be susceptible to either inner or external containment. In brief, the inherent oppositions which exist between id, ego, and superego can not be evaded by the culture-man, any more than can his awareness of these oppositions in the form of inner conflict. The most which enlightened education and child raising can hope to accomplish is to help the individual child find conflict resolutions compatible with at least a modicum of psychic well-being.

**296. Freud, Sigmund. On the grounds for detaching a particular syndrome from neurasthenia under the description "anxiety neurosis" (1895). Part II. Incidence and aetiology of anxiety neurosis. In: Strachey, J., ed. *Standard Edition of the Complete Psychiatric Works of Freud.* Vol. III. London: Hogarth Press, 1968. pp. 99-106.**

In some cases of anxiety neurosis, no etiology at all is discovered. But where there are grounds for regarding the neurosis as an acquired one, careful inquiry directed to that end reveals that a set of noxae influences from sexual life are the operative etiological factors. In females, disregarding their innate disposition, anxiety neurosis occurs in the following cases: as virginal anxiety or anxiety in adolescents; as anxiety in the newly married; as anxiety in women whose husbands suffer from ejaculatio praecox or from markedly impaired potency, and whose husbands practice coitus interruptus or reservatus. Anxiety neurosis also occurs as anxiety in widows and intentionally abstinent women, and in the climacteric during the last major increase of sexual need. The sexual determinants of anxiety neurosis in men include: anxiety of intentionally abstinent men, which is frequently combined with symptoms of defense; anxiety in men in a state of unconsummated excitation, or in those who content themselves with touching or looking at women; anxiety in men who practice coitus interruptus; and anxiety in senescent men. There are two other cases which apply to both sexes: (1) people who, as a result of practicing masturbation, have been neurasthenics, fall victim to anxiety neurosis as soon as they give up their form of sexual satisfaction; and (2) anxiety neurosis arising as a result of the factor of overwork or exhausting exertion.

**297. Friedlander, Kate. Organic and psychotic ego-disturbances. In: Friedlander, K., ed. *The Psycho-analytical Approach to Juvenile Delinquency.* London: Routledge and Kegan Paul, 1947. pp. 178-182.**

Disturbances of the higher functions of the brain, causing faulty ego functioning leading to criminal actions, are enumerated. They include mental defectiveness, organic illnesses of the brain, and psychotic ego disturbances. In lower-grade mental defectiveness, the intelligence is not great enough to make the adjustment from the pleasure principle to the reality principle. Juvenile delinquency can be related to conditions resulting from encephalitis and to epilepsy. Crimes are sometimes committed by those under the influence of alcohol, drugs, or in a state of insanity. 7 references.

**298. Friedman, Jacob H., and Bowes, Naomi. Experience of a geriatric crisis intervention screening team. *Journal of Psychiatric Nursing and Mental Health Services,* 9(5):11-17, 1971.**

A geriatric screening team was instituted at Bronx State Hospital, Bronx, New York, in February 1968, following the change in admission policy for geriatric patients, excluding those with nonpsychotic organic brain syndromes, mild psychoses, mild psychoneuroses, and personality disorders. The screening team was only called in emergencies when families or nursing homes could not endure the patient's so-called abnormal behavior, or the family physician felt helpless, or the hospital did not desire to admit or keep the patient. The community gradually accepted the admission criteria. Since April 1970, the screening team, which automatically became a crisis intervention team, has been requested to evaluate patients in all instances. The functioning of this team and eight representative cases are described. The study consists of 99 consecutive patients seen from April 1, 1970, through March 31, 1971. The statistical data are analyzed as to age, sex, marital status, place of evaluation, diagnoses, and followup results. The widowed female and the married male are the ones most likely to be referred to the screening team for admission to a State hospital. Proprietary nursing homes with no staff psychiatrists usually utilize the screening team. The greatest number of individuals were classified as nonpsychotic organic brain syndromes, as these chronic patients are difficult nursing problems. It is of utmost necessity that additional facilities be established for confused, ambulatory patients. The screening team not only prevents improper admission of geriatric patients to a State hospital but also serves as a crisis intervention team to the benefit of the community. 11 references. (Author abstract)

**299. Fromme, Allan. Marriage and the adult personality. In: Silverman, H., ed. *Marital Counseling: Psychology, Ideology, Science.* Springfield, Ill. Charles C. Thomas, 1967. pp. 57-70.**

The problems arising from immaturity in marriage are discussed. The immature marriage partner will frequently find fault with his mate or the institution of marriage itself, instead of recognizing that the source of unhappiness lies within himself. Marriage is the widest testing ground of personality. The quality of a marriage reflects the emotional habits and resources of people far more than the supportive or destructive forces of society. The immature adult remains a child emotionally and is given to sulking, petulance, discouragement, narcissism, dependence, and lack of empathy. Growing out of childhood into the emotional maturity of adulthood is the best guarantee for men and women to enjoy a durable and deeply satisfying marriage.

**300. Furer, Manuel. The development of a preschool symbiotic psychotic boy. *Psychoanalytic Study of the Child,* 19:457-469, 1964.**

The treatment of a young psychotic boy is described, particularly his conscious discovery of the self. The first 16 months of therapy is described in detail, while the following 18 months is discussed briefly. Therapy was begun by bringing the child from his withdrawn state into a primitive relationship with the therapist as a need-satisfying object, chiefly through her communication to him of her empathy with his needs and their gratification. At the same time, she became a part of his omnipotent dual unity. Gradually she helped him to organize his experience and to explore reality, in this way fostering the libidinal cathexis of herself. A previously statis state in his psychosis and in the mother-child relationship, which was reflected in the therapist-child relationship, was altered and progressive changes ensued. Along with the progressive development in object relations, there occurred a differentiation of the self from both the inanimate and human objects, and the conscious discovery of "I" as a separate entity. There were also changes in the direction of greater organization and integration of his ego functions, an increased libidinization of his activities, and increased ego strength in such things as the control of his rage and the capacity to withstand frustration. 16 references. (Author abstract modified)

**301. Furlong, Paul Thomas. Psychological assessment of potentially suicidal patients at the community mental health center Salt Lake City, Utah. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-3012 (HC, $10; MF, $4).**

A method of determining suicidal risk in an economic and effective fashion was developed, based on evaluation and rating of two risk groups (low and medium) as compared to two normal control groups at the Salt Lake City Community Mental Health Center (CMHC). The results suggested: (1) About one-third of all patients seen by the crisis intervention staff of the CMHC are potentially suicidal. (2) Only 2 or 3 percent of all patients are high-risk patients. (3) Potentially suicidal patients can be separated into two risk groups (low and medium). (4) Once separated into two risk groups, the personality devices were successful in significantly differentiating between the groups on 39 of 88 personality variables, with the medium risk group evidencing more psychopathology or behavioral disturbance on all but 3 of the variables. (5) In the comparison between the suicide potential groups combined and the normal control groups combined, the groups differed significantly on 61 of the 88 personality variables, with more psychopathology or behavioral disturbance reported by the suicidal patients. The major implication is that methods and facilities need to be developed which will reach the high-risk, potentially suicidal person, who currently does not make use of mental health services to a sufficient degree to allow for prevention of the fatal act. (Journal abstract modified)

**302. Fuss, Alisa. Moglichkeiten zur Behandlung gestorter Kinder in der Schule. Aus einer Sonderschule fur normal intelligente, erziehungsschwierige Kinder in Tel Aviv. [The possibilities of treating disturbed children in a school. From a special school in Tel Aviv for normally intelligent children with educational difficulties.] *Praxis der Kinderpsychologie und Kinderpsychiatrie* (Gottingen), 17(7):265-269, 1968.**

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An anecdotal presentation illustrates some of the problems and opportunities encountered in the classroom instruction of intellectually normal, emotionally disturbed children from an urban background. The following points are emphasized: the importance of finding common areas of interest in order to establish effective communication; the importance of establishing a sense of belonging; and the use of instruction as a vehicle for conveying empathy and approval, influencing individual orientations and creating an essentially therapeutic situation in terms of group dynamics. The goal of the special school experience is to establish new bonds of communication and identification with the world which exists beyond the neighborhood, as well as with particular individuals who represent that world and its values; to strengthen both conscious self-confidence and self-respect; and to facilitate the healing and strengthening of the traumatized ego, while encouraging the development of adequate and age-appropriate mechanisms of defense and relating. In order to accomplish these ends, the special-school teacher must be truly pupil oriented, rather than subject-matter centered. He must also be able to deal objectively and empathically with children who are living in a world where hostility, revenge seeking, aggression, and hyperstimulation to the point of delirium are commonplace and routine, as are uncontrolled impulsiveness and a collective, hyperlabile emotionality frequently approaching mass hysteria, which completely absolves the individual of any kind of personal responsibility, and which militates effectively against his desiring or experiencing individuation.

**303. Futterman, Edward H., and Hoffman, Irwin. Transient school phobia in a leukemic child. *Journal of the American Academy of Child Psychiatry,* 9(3):477-494, 1970.**

A case of transient school phobia in a fatally ill child is presented in which an actual threat of irreversible separation (death) played a major role in the genesis of the phobia. With reduction of the immediacy of the danger and appropriate parental response, spontaneous remission occurred. The impact of the prolonged threat of death is critical in distinguishing families with a leukemic child from other families coping with day-to-day separations. When the threat interacts with family vulnerabilities during a particular developmental period, potential for regression at a later time is enhanced. Further threat can lead to symptoms. In this child, school phobic symptoms appeared which were less refractory and more responsive to ego control of mother and child than previously described in the literature. In the face of severe threat, families often demonstrate great resources along with great distress. The route to adaptation is often circuitous, with transitory symptom formation related to coping processes. 30 references. (Author abstract modified)

**304. Gallagher, Jeanette M., and Nodine, Calvin. Children's strategies in problem-solving tasks based on Piagetian concepts. *Psychonomic Science*, 25(2):118, 1971.**

In a paper presented at the 12th Annual Meeting of the Psychonomic Society, an investigation of children's strategies in problem-solving tasks based on Piagetian concepts was described. Measurement problems were designed to investigate the strategies used by young children when told to find, behind a screen, previously demonstrated quantities of water. The advanced strategies of the second grade ss (contrasted to kindergarten and first grade) are discussed in relation to the Piagetian concepts of decentration, effect of operative exercises, and equilibration. (Author abstract modified)

**305. Gambashidze, G. M. Osobennosti adaptatsii lits raznogo vozrasta k monotonnomu vidu trude. [Characteristics of adaptation to monotonous type of work at a production line conveyor among persons of different age groups.] *Gigiyean Truda I Professional'nyye Zabolevaniya* (Moskva), 7:9-12, 1971.**

The characteristics marking physiological shifts during monotonous work on a production line conveyor during the morning, evening, and night shifts were investigated. At the same time, an attempt was made to ascertain the possibility of persons of different age adapting themselves to a three-shift work schedule on the basis of changes in the diurnal rhythm or physiological functions. Adaptation to such adverse factors as three-shift work and its monotonous nature over a prolonged period of time resulted in leveling out of diurnal curves of physiological functions and their decreased level parallel with the increasing service record and age. Continuous recording of cardiac rhythm during the course of work revealed a substantial drop in pulse rate frequency in persons doing monotonous work during all shifts and demonstrated that middle-aged persons with a service record of more than 7 to 10 years were better adapted to a monotonous type of work on the basis of a 3-shift schedule than were young female workers. 7 references. (Journal abstract modified)

**306. Gans, Herbert J. The juvenile problem in Levittown. In: Lerman, P., ed. *Delinquency and Social Policy*. New York: Praeger, 1970. pp. 382-390.**

The adolescent problem in Levittown is discussed on the basis of essays written by children in the 6th through 12th grades. Most consider it a dull place, with very little to do outside of school. Some express their boredom through hostility to adults and van-

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dalism against adult property. Their relationship to adults is fraught with tension, which discourages community attempts to solve what is defined as their recreational problem. In addition to recreational and social facilities, however, the teenagers also need worthwhile functions, such as serving in volunteer capacities or holding part-time jobs. 2 references.

**307. Garai, Josef E. Sex differences in emotional behavior. *Genetic Psychology Monographs,* 81(2):126-127, 1970.**

Animal studies have shown that the stronger aggressiveness of males and the greater susceptibility of females to fear have a genetic origin. Fear of all types is more prevalent in women than men. At all age and educational levels females exhibited more symptoms than males on four factors described as indices of mental dysfunction (i.e., "psychological anxiety," "physical health," "immobilization," and "physical anxiety"). Several studies have supported the hypothesis that females have a greater sensitivity to threat, a higher level of anxiety, and a greater adaptive ability to stress. However, in many women high levels of anxiety decrease performance in problem-solving and intellectual activities, whereas anxiety in men acts often as an incentive. The hypothesis that females possess inherently greater sensitivity to threat, faster and more intense reactivity to stress, and greater tolerance of and adaptability to stress than males seems to furnish a genetic explanation of this sex difference which finds corroboration in recent animal studies. Women's anxieties center more frequently around lack of competence in interpersonal relations while men's anxieties center more often around failures in their occupations and lack of accomplishments. Whereas males rely more on physical aggression, females tend to give vent to their aggressive tendencies through verbal behavior.

**308. Gardner, D.B.; Hawkes, Glenn R.; and Burchinal, Lee G. Noncontinuous mothering in infancy and development in later childhood. *Child Development,* 32:225-234, 1961.**

This study was concerned with the long-range effects of an unusual, noncontinuous mothering experience during infancy, a kind of mother-child relation which departs radically from the normal familial patterns of our culture for the first year of life. The problem is whether this constitutes a form of deprivation. Subjects were 29 children, ages 8 to 17, who had lived in a college home management house during infancy and were subsequently adopted. In the home management house they had been cared for by a large number of mother figures, in serial fashion, experiencing a marked discontinuity in mother-child relations during the first year. Subjects were paired with children from the same communities, schools, and the same classes. Pairs were also matched individually on sex, age, and intelligence. Matching for age and education level of parents, family economic level, occupation of father, and number of children in the family was only partially successful. Subjects completed the California Test of Personality, the children's form of the Manifest Anxiety Scale, the Rosenzweig P-F Study, and Iowa Every-Pupil Test of Basic Skills. Statistical comparisons were made, in keeping with the matched-pair design. The personal adjustment score in the California Test favored the children who had not been subjected to unusual mothering. Statistically, the difference approached significance. However, this trend was not supported by other findings. In selecting the tests used, attempts were made to focus on a variety of dimensions of personality processes: school achievement, personal and social adjustment, anxiety level, and response to frustration. In none of these variables could differences be attributed to the factor of discontinuity of mothering in early childhood. 7 references.

**309. Gardner, James M., and Giampa, Franklyn L. Utility of three behavioral indices for studying severely and profoundly retarded children. *American Journal of Mental Deficiency*, 76(3):352-356, 1971.**

The utility of three behavioral indices for the purposes of differential diagnosis, placement, therapeutic programing, and the measurement of change with severely and profoundly retarded children was examined. Two instruments (Vineland Social Maturity Scale and Behavior Modification Checklist) were normally distributed and significantly related to clinical judgments of competence in severely and profoundly retarded children. One instrument (Cain-Levine Social Competence Scale) failed to distribute normally due to the large number of residents with minimal scores. The advantages of these instruments are discussed. 12 references. (Author abstract)

**310. Gardner, Richard A. Psychogenic problems of brain-injured children and their parents. *Journal of the American Academy of Child Psychiatry*, 7(3):471-491, 1968.**

The manifestations, psychodynamics, and therapy of common psychogenic problems seen in brain-injured children and their parents are discussed. Parent-induced problems are discussed separately from those which generally arise in the child. Short, simple, practical therapeutic approaches are stressed. Among the adaptation reactions of parents, denial reactions, overprotective reactions, angry reactions, guilt reactions, blame reactions, and the problem of explaining the child to others are discussed. The approach to telling the child about his condition is analyzed. Generally, an attitude of openness and honesty is advised toward the child patient, his siblings, and the world at large. Chronic reactions of adaptation in parents are discussed, with stress on masochistic-martyristic reaction, overprotective reaction, withdrawal reaction, and the "doctor-shopping" reaction. The child's adaptation reactions are considered under the headings of fear reaction, withdrawal reaction, neurotic use of the organic symptom, clowning, and low self-esteem. 11 references.

**312. Garetz, Floyd K. Socio-psychological factors in overeating and dieting with comments on popular reducing methods. *Practitioner* (London), 210(1259):671-676, 1973.**

Sociopsychological factors in overeating and sociopsychological principles operating in various reducing methods are discussed and the principles are related to popular reducing diets. The sociopsychological principles in weight reducing examined are: (1) counterdenial; (2) use of rituals; (3) self-esteem and pride in one's body; (4) maximizing oral gratification; (5) emotional support of a group; (6) invocation of "magic"; (7) reducing temptation; (8) increasing self-control; (9) effect of boredom and anorexia; and (10) paradoxical intention. Six popular weight-reducing methods are listed. It is important to recognize that too much emphasis is placed on the food content and quantities of food and too little placed on the process of eating and the circumstances of eating which will best aid the patient in his quest to lose weight. 11 references.

**313. Garmezy, Norman, and Nuechterlein, Keith. Invulnerable children: The fact and fiction of competence and disadvantage. *American Journal of Orthopsychiatry,* 42(2):328-329, 1972.**

A paper presented at the 49th Annual Meeting of the American Orthopsychiatric Association is summarized, providing discussion of some factors contributing to the formation of competence in disadvantaged children despite their exposure to stress within family or community. It is stressed that mental health practitioners too often tend to equate poverty and pathology, and that terms such as disadvantaged and deprived evoke images of negative outcomes, deficit-ridden behaviors, and a generalized vulnerability to severe emotional, mental, and cognitive disorder. Further, too little study has gone into the factors which cause many children who are reared amid deviance and are exposed to the strain of genetic and familial handicap to continue to move along paths of maturity, competence, and adaptation. A review is therefore given of information on the role of coping mechanisms, cognitive styles, patterns of motivation and work efficiency, and styles of parenting that may suggest some bases for the successful development of such children. (Journal abstract modified)

**314. Gates, Phillip H.; Becker, Diane; Stiver, Irene; and Roff, Catherine. *Reactions of Young Children to the Loss of a Parent by Death.* Final Report, National Institute of Mental Health Grant, MH-522, 1966, 29 pp.**

In an investigation of the ways in which normal preschool children cope with the death of a parent, five out of nine children showed evidence of sadness and expressions of low self-esteem. Observations of children and surviving parents suggest that young children do not display the depressive syndrome typically seen in adults. Avoidance is the most frequently reported means of coping. A sample of the Children's Long Form Rating Scale used in the study is included.

**315. Gault, E. I.; Krupinski, J.; and Stoller, A. Psychosocial problems of adolescent Aborigines in Victoria. *Australian and New Zealand Journal of Psychiatry* (North Melbourne) 4(1):24-33, 1970.**

As part of an effort to understand the adaptive difficulties which part-Aboriginal people of Victoria experience, a psychosocial interview was carried out with 172 Aboriginal adolescents, comprising approximately one-half of all part-Aboriginal adolescents in the State. The information from an unstructured interview was recorded on a structured questionnaire which covered areas of personal and family data, health complaints, and social variables. The prevalence of psychoneurotic disorders in the group interviewed did not differ from corresponding data obtained through surveys of white adolescents. However, there was significantly more "delinquency and antisocial behavior" and "social maladjustment" in the Aboriginal group. The prevalence of psychosocial disturbances has been related to unstable family and poor social backgrounds of the Aboriginal adolescents. Findings also revealed poor school and work performance among those Aboriginal adolescents with "delinquency" and "social maladjustment." Delinquency and social maladjustment in Aboriginal adolescents are related to low socioeconomic status. 19 references.

**316. Gebbie, Kristine M. Treatment drop-outs and the role of the crisis therapist. *Journal of Psychiatric Nursing and Mental Health Services,* 6(6):328-333, 1968.**

An analysis is presented of patients who unilaterally discontinue treatment in a program of crisis intervention where an attempt is made to restore them to a state of psychological equilibrium and to better equip them to cope with future crises. The intervention program at Benjamin Rush Center for Problems of Living is based on six interviews during which counseling stages of crisis assessment, planning, intervention, and termination are passed through. Termination, because it strives to prevent future mental health problems, is particularly important; if the consultee discontinues treatment before this final phase, the program is defeated. An experience is given of one consultant who had 7 dropouts of 16 consultees over a 16-week period. Specific consultant weaknesses were isolated and discussed, with the result that the consultant's effectiveness as a member of the mental health team was increased. 7 references.

**317. Geiser, Robert L. An experimental program of activity therapy in a child care center. *Child Welfare,* 50(5):290-297, 1971.**

The use of psychodramatic techniques in dealing with living problems in a residential child care center has produced some good results during a 2-year test. The children liked the method and, as was found in all groups, intense transference relationships were quickly formed. After two sessions, the children were eager to come to group meetings, and greeted their leaders around Nazareth Child Care Center as special friends. Using such techniques as sociodrama, psychodrama, and sensitivity exercises, the leaders were able to intervene in crises, build egos, aid adjustments, give information, develop empathy for others, and improve impulse control. The psychodrama sessions were highly successful. It is hoped that the curiosity and interest of those working in the child care professions were stimulated and that they will make use of these techniques in their own institutions. (Author abstract modifed)

**318. Geist, Harold. The psychological aspects of retirement. In: Geist, H., ed. *The Psychological Aspects of Retirement.* Springfield, Ill.: Charles C Thomas, 1968. pp. 14-59.**

The psychological aspects of retirement are considered in conjunction with the physiological aspects of the aging process. It is believed that the whole problem of the psychological aspects of the aging process is complicated by the fact that there are wide individual differences in people in the psychological aging process. The use of psychological tests to follow the changes in psychological function with age is discussed. The presence of emotional disorders in later life are examined as to possible causes, psychiatric classification of senescent maladaptations, similarities and possible relationship between neuroses of senescence and senility and neuroses in earlier life as representative of inadequate and unsuccessful attempts at adaptation, and display of neurotic aggressions by older persons much the same as by younger ones. Senile psychoses and psychoses with cerebral arteriosclerosis constitute the great bulk of mental illness in later life for which hospitalization is required. Statistics on retirement are presented; the meaning of retirement to the retired is considered; and suggestions to the retired are given. It has been found that the psychological functioning in retirement varies among occupational groups. Persons from unskilled occupations, skilled occupations, the professions, and the group of working women are compared. Employment of the retired is considered at some length, as are suggestions from industrial organizations for assisting workers to adjust to retirement, including programs of preretirement counseling and postretirement practices. Policies as to compulsory retirement at a specified age are discussed. The effects of eliminating persons from the labor force by a policy of universal retirement at age 65 are considered.

**319. Gershberg, Jack M. The concept of empathy and the development of affect patterning. *Psychiatric Quarterly*, 41(4):658-682, 1967.**

The specific empathic linkages of mother and infant are related to emotional reactions in adult patients. Some behavior patterns in the infant are empathically determined. "The investigation of this aspect of mother-infant relationships may throw light on the obscure mechanism of patterning of emotion ininfancy and be useful in therapeutic understanding of adult patients with unconscious patterns of chronic disturbance of affect." 21 references. (Copyright 1968, the American Psychological Association, Inc.)

**320. Gianladis, Eugene James. Cichlid aggression and territoriality: A study of population density, reinforcement history, and digging behavior. Dissertation Abstracts International. Ann Arbor, Mich.; University Microfilms, No. 72-23938 (HC, $10; MF, $4).**

The importance of spatial, social, and experiential factors on the stereotyped aggressiveness and territoriality of a single species of male cichlid fish were studied. The problems investigated were: (1) the influence of population density on aggression; (2) the importance of the outcome of aggressive interaction on subsequent behavior; (3) changes in fighting frequency as a function of con-

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specific familiarity; (4) the effects of loss of opportunity to dig on territorial aggression; and (5) a comparison of the behavior of lab fish with conspecifics observed in natural habitat. Results showed population density influenced the quality of agonistic behavior, and that extreme crowding was associated with severe stress. Dominance position was determined by frequency, quality, and distribution of a s's agonistic behavior. More dominant fish attacked more often, more intensely, and with more physical contact. Familiarity did not lead to change in the overall frequency of aggression, but relative contributions by ss shifted in the direction of the dominance hierarchy. While dominance position influenced the probability of attack, aggression was elicited by the proximity of a conspecific, usually in conjunction with movement, and in the context of territorial referents. Captive fish behaved far more aggressively than their wild counterparts, due to their inability to drive away or escape from conspecifics when spatially confined. (Journal abstract modified)

**321. Giarola, A. Problematiche mediche, sessuologiche e psicologiche della consulenza prematrimoniale e matrimoniale. [Medical, sexual, and psychological problems of prematrimonial and matrimonial consultation.] *Minerva Medica* (Torino), 63(35):2036-2046, 1972.**

The social and scientific importance of prematrimonial and matrimonial medical consultation, conceived as a comprehensive process of research, is elaborated through a program of social androgynecology. It is considered useful to start androgynecological examination from childhood and to continue it in successive stages. Five main services are recommended: preliminary infantile and adolescent consultation; legal prematrimonial health certification; fertility and sterility analysis; sexological consultation for married couples concerning conjugal issues; social gynecology service with special pregnancy, puerperium, and climacteric sections. The adequate medical staff and specialized personnel able to fulfill these requirements are listed for each service. To achieve a eugenic aim there is a complex program consisting of anamnestic, clinical, and laboratory general tests, of genetic, psychological, gynecological, and urological investigations, and of other likely specific studies in dermatology, ethics, religion, psychiatry, law, and sexology.

**322. Gibbons, J.L. The adrenal cortex and psychological distress. In: Michael, R., ed. *Endocrinology and Human Behaviour*. London: Oxford University Press, 1968. pp. 220-236.**

There is a modest but significant increase in adrenocortical activity as a common accompaniment to all sorts of normal emotional disturbances. In certain psychiatric disorders accompanied by severe depression there is sometimes a marked increase in adrenocortical activity. There are many possible physiological effects of increased cortisol secretion, including alterations in metabolic pathways by an effect on enzymes, but none seem of value in adjusting to emotional stress. It has been suggested that increased secretion of adrenocortical hormones in the face of psychological stress represents a primitive adaptive mechanism which facilitates energy mobilization by making carbohydrate and fat available for oxidation. 59 references.

**323. Giblin, Paul Thomas. The development of recursive thinking and altruism in boys grades one, three and five. Dissertation Abstracts International. Ann Arbor, Mich.; University Microfilms, No. 73-26821 (HC, $10; MF, $4).**

Two hypotheses were tested that a relationship exists: (1) between the development of recursive thinking and the development of altruism in boys of grades one, three, and five; and (2) between invariant developmental sequences in the acquisition of both recursive thinking and altruism. An additional primary hypothesis was generated and tested in a followup study that the existence of a significant developmental trend in altruism is a function of methodology. Altruism was measured via a four-choice discrimination task and recursive thinking by an adaptation of another test. Hypothesis one was rejected, while hypothesis two was partially confirmed statistically, with a correlation being found between recursive thinking and grade level, but not between altruism and grade level. The conditions in the followup were the same except that in experiment one, ss had to forego possible attainment of money for themselves in order to donate, while in the followup they received the money and were asked to donate from it. Methodological manipulations are proposed to explain the disparity between the correlation of altruism and grade level as assessed in the two investigations. (Journal abstract modified)

**324. Giddings, William Vanduyn. An investigation of the relationship between the self-concepts and anxiety levels of counselor-candidates and their performance in counseling interviews. Dissertation Abstracts International. Ann Arbor, Mich.; University Microfilms, No. 71-18548 (HC, $10; MF, $4).**

A number of hypotheses regarding the relationship between the self-concepts of and anxiety levels of counselor candidates and self-ratings and supervisors' ratings of undergraduate candidates' performance were examined. The index of adjustment and values and the IPAT Anxiety Scale Questionnaire were administered prior to practicum to assess self-concept and anxiety respectively. High and low levels of both variables were then determined according to the medians of the candidates' scores. The self-rating scale of counselor performance and the supervisors' rating scale of counselor performance were used to measure the candidates' counseling performance. The results seem to suggest the following: Candidates' prepracticum levels of self-concept have little effect on their practicum performance; some 8-week candidates' prepracticum levels of anxiety may affect their self-ratings of practicum performance; 16-week candidates' prepracticum levels of anxiety may affect their practicum performance as evaluated by supervisors; 8- and 16-week candidates at different levels of self-concept and anxiety generally do not differ in their self-appraisals of counseling performance; and the performance of 8-week candidates tends to be rated higher by supervisors than the performance of 16-week candidates. (Journal abstract modified)

**325. Gill, James J. Identification: Adopting the ways of others. *Medical Insight,* 3(8):11-13, 1971.**

Identification is defined as the psychological process by which the child consciously or unconsciously takes over various aspects of the personalities of significant persons in his life. The mechanism is usually motivated by the child's affection, respect, or need for these individuals. Identification, with parents, authority figures, or famous personalities, is important in mental health and its absence can result in mental illness. Some of the traits adopted are those the child does not like and become the features he has difficulty recognizing in himself. Examples illustrate how powerfully identification can affect the process of learning.

**326. Gitter, Lena L. The promise of Montessori for special education. *Journal of Special Education,* 2(1):5-13, 1967.**

The Montessori method as a major avenue of education and habilitation for mentally retarded and emotionally disturbed children is discussed, emphasizing structure, orderliness, and repetition in training, and the development of competency in respect to self-care and social participation. This approach appears eminently suitable for such children. The rationale and steps for a variety of Montessori training procedures are detailed. (Copyright 1968, the American Psychological Association, Inc.)

**327. Glaser, Frederick B. Drug addiction and crime: Is methadone maintenance preferable to withdrawal? *Interna-***

***tional Journal of Offender Therapy and Comparative Criminology*** **(London), 16(1):18-24, 1972.**

The usefulness of methadone maintenance programs in dealing with drug addiction and crime is examined. Methadone maintenance is likely to remain the most prevalent method of treatment for narcotic addiction in the United States for some time to come. Research into the efficacy of the method, however, reflects several basic flaws and thus severely limits the usefulness of such studies. Withdrawal has been overdramatized in our society. To learn to cope with stress and mental pain is part of ordinary life, and too great a reliance on pharmacological agents, either methadone or tranquilizers, interferes with this. In addition, there are serious problems encountered in any chronic drug maintenance program in a physical sense. Another danger of maintenance programs relates to the contemporary thinking that the increased crime rate is directly due to an increase in narcotic addiction. This oversimplified conclusion overlooks the deeper causes of crime and overemphasizes the importance of addiction and withdrawal in criminal acts. The great majority of drug users in the United States are not physically dependent on narcotics and do not exhibit the objective signs of withdrawal. One must determine the exact nature of the relationship between narcotics and crime; it is a subtle and complex relationship needing sophisticated investigation. The dominance of methadone maintenance stultifies such investigation and may hamper the fight against crime by shifting attention from the deeper causes of crime.

**328. Glaser, Kurt. Suicide prevention in the young—Whose role? In: *Fourth International Conference for Suicide Prevention.* Los Angeles: Delmar Publishing Co., 1968. pp. 368-371.**

Pediatricians, general practitioners, school physicians, school personnel, and other nonpsychiatric personnel involved in youth activities should be given information on recognizing suicide warning signals in order to prevent suicides. The psychiatrist's role is to teach other physicians, teachers, counselors, and others, giving instruction appropriate to each group. Suggested points of emphasis include causes and symptoms associated with suicide, forms of warnings, conditions necessary for the nonpsychiatrist to make a valid appraisal, ways to structure the appraisal of degree of disturbance and need for treatment, and referral. The psychiatrist's roles, following the primary role of teacher, are in crisis intervention, therapy, and initiation of referral for residential treatment. With regard to the psychiatrist's orientation for suicide prevention: (1) Hospitalization should be avoided if possible. (2) The psychiatrist should be aware of the cultural factors in the patient's background. (3) Psychiatric services must be made readily available for crisis intervention. To make teaching of nonpsychiatric personnel for preventive work more effective, it may be helpful to explore their views of potentially suicidal youngsters, their own role in prevention, and the psychiatrist's role in prevention.

**329. Glass, David C. *Environmental Influences.* New York: Rockefeller University Press, 1968.**

This volume contains 15 papers delivered at a conference on environmental influences on behavior sponsored by the Russell Sage Foundation and Rockfeller University. Dr. Dubos' paper on "environmental determinants of human life" stresses the fact that man can adapt to a stressful environment, but that these adaptations have indirect effects which are deleterious to behavioral functioning. This position is supported by experimental work at the Rockefeller Laboratory. Topics discussed during the conference dealt with early nutritional deficiencies and later mental performance, social deprivation in nonhuman primates and its implications for human behavior, the effects of social isolation on human learning and performance, and research on cultural deprivation and its effects on higher mental functioning.

**331. Glass, David C., and Singer, Jerome E. *Urban Stress: Experiments on Noise and Social Stressors.* New York: Academic Press, 1972.**

Noise serves as the exemplar for a detailed examination of a fundamental problem in psychology—the influence of cognitive variables on stress and the behavioral and physiological effects of stress. The book presents a new model and methodology for studying not only noise, but other stressors—both physical (electric shock) and social (bureaucratic harrassment and arbitrary discrimination). The aim is to delineate the complex relationship between the direct effects of stress, the ways in which people adapt to stress, and the adverse aftereffects of exposure to stress. It is demonstrated that, although physiological and behavioral adaptation occurs to an equivalent degree under various kinds of noise, the deleterious aftereffects are greater under some conditions than under others. Experiments in which the subject's perception of controllability and predictability were manipulated indicate that these cognitive factors and not noise per se determine impairment of poststress performance. Later chapters generalize these data to include the impact of several other cognitive variables on noise aftereffects (relative deprivation), and the effects of other physical and social stressors. In the final chapters, the research is summarized, its theoretical implications discussed, and the results extended to some current social problems.

**332. Glasserman, Maria Rosa. La psicoprofilaxis quirurgica: Una tecnica de prevencion. [Surgical psychoprophylaxis: A preventive technique.]** ***Acta Psiquiatrica y Psicologica de America Latina*** **(Buenos Aires), 15(4):239-244, 1969.**

Surgical psychoprophylaxis is described as a preventive technique within the conceptual framework of the promotion of mental health and is understood as a life crisis intervention. It is defined as a psychological technique suitable for children as well as adults, individuals as well as groups, aiming at: (1) providing truthful, information, adapted (in the case of children) to the child's mind, about objectives and characteristics of the surgical intervention including a direct contact with the surgical room and instruments; and (2) verbalizing and working through fantasies and anxieties related to the illness and the surgical intervention, detected through verbal and nonverbal material, to which must be added, in the case of children, graphic and play material. The latter is eventually favored by psychodramatic techniques. Characteristics of the contact, different elements utilized, and technical characteristics of its application both with private patients and in institutions as well as the wide range of applicability of this technique for surgical interventions and other medical manipulations are discussed. 42 references. (Journal abstract)

**333. Goering, Pete. To keep the sunlight in a child's life: The child's stages of development.** ***Menninger Perspective,*** **3(4):10-14, 1972.**

An article is presented focusing on the several stages of development through which children pass. Three interacting factors determine the growth of a child, normal or abnormal. They include the relationship between the child and the important adult, the social and economic aspects of the family, and the child's biological inheritance. It has been proposed that a definite scheme can be applied to the developmental process. At each stage of development a central problem needs to be solved if the child is to proceed to the next stage. The stages concerned with childhood include the sense of trust, the sense of autonomy, and the sense of initiative. Parents are urged to give encouragement to the child's showing of enterprise and imagination, reserve punishment for important things, provide ways for making up failures, and serve as models.

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**334. Goethals, George W., and Klos, Dennis S. Autonomy. In: Goethals, G., ed. *Experiencing Youth: First-Person Accounts.* Boston: Little, Brown, 1970. pp. 19-119.**

The adolescent's renouncing of old object ties can be facilitated or hindered by parental attitudes and behavior. Autonomy is not simply seized or decided on by the adolescent; relative autonomy is the result of reciprocal parent-adolescent interactions, characterized by mutual sensitivity and adaptation to the other person's feelings. The first four cases presented can be considered for the parental behavior that is adequate for facilitating the adolescent's renouncing of old object ties. Relations with same-sex parents seem to be critical. Case five includes the untimely deaths of two sisters' parents. This permanent and tragic loss is contrasted with case six, in which adolescent males experience a drastic change in setting and situation when they go through a rugged outdoor course at Hurricane Island. During the earlier stages of a person's development, anxiety arising in interpersonal relations is inevitable and unmanageable. Learning to manage one's anxiety begins in late adolescence and is an ongoing process continuing into the next developmental stage, maturity. Learning to manage anxiety consists of recognizing one's distortions in his evolutionary personifications of self and significant others and becoming open to new experience in spite of one's predispositions. Inadequate and inaccurate personifications of self are accompanied by inadequate and inaccurate personifications of others. The three cases in this section tend to exemplify one side of the distortion more than the other. Case seven illustrates the subject's childish personifications of his mother, father, and sister. Case eight illustrates the subject's inadequate personifications of self: one whose actions have unusual potency and whose high expectations of self must be fulfilled. Case nine shows how a person's childish personifications of self interfere with her ability to adapt to new experience.

**335. Goethals, George W., and Klos, Dennis S. Sexual intimacy. In: Goethals, G., ed. *Experiencing Youth: First-Person Accounts.* Boston; Little, Brown, 1970. pp. 189-392.**

In early adolescence the increased sense of one's sexuality complicates one's evolving capacity for relating intimately. It is at this time that the quality of parents' recurring attitudes toward sexuality become vital to the adolescent's heterosexual well-being. Typical symptoms of sexual difficulty are suppressing, flaunting, or being preoccupied with one's sexuality. These symptoms are usually accompanied by inappropriate affect and a lack of awareness for one's actions. Cases 18 and 19 illustrate that initial endeavors in heterosexuality sometimes are prompted by the conviction that one ought to have a heterosexual relationship. When the sexual motive is distorted or symbolic of unresolved childhood traumata, any of a variety of consequences appear in adolescence. The problem of integrating lust and intimacy (case 20) is but one example. An essential distinction between transitional sexual relationships can be made on the basis of type of commitment: conditional commitment and relatively unconditional commitment. The protagonists in cases 21 and 22 have agreed on which actions by each other are tolerable. But cases 23 and 24 seem to tolerate almost any behavior of their partners, to close themselves off from new relationships, to vehemently maintain their distorted personifications of self and other, and never be the one to break off the relationship. Case 25 can be viewed as a transitional relationship that became a marriage. The final two cases are unique in that they are both partners' views of their relationship and are an exception in that this transitional relationship seems to be one in which adaptive behavior on both persons' parts is a functional alternative to termination.

**336. Goldsmith, Lisa A. Adaptive regression, humor and suicide. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-21907 (HC, $10; MF, $4).**

The relation between the capacity for adaptive regression and the degree of suicide lethality, as measured by Whittemore's Suicide Potentiality Rating Schedule, was investigated. It was proposed that the suicidal person is beset with a depth of ego inflexibility that precludes adaptive recourse under stress and precipitates a humorless regression and fragmentation of the ego, and that humor in addition to other measures of the Kris' Concept of "regression in the service of the ego" (rise) is impaired in seriously suicidal persons. Ss were female inpatients, who were tested for these personality characteristics on a variety of instruments. Results partially support hypothesis one, while hypothesis two was confirmed. The prediction of a positive association among different measures of adaptive regression, with humor, as opposed to hostile wit, correlating with those stable manifestations of rise was supported. (Journal abstract modified)

**338. Goldstein, Michael J. Premorbid adjustment, paranoid status, and patterns of response to phenothiazine in acute schizophrenia. In: Cancro, R., ed. *Annual Review of the Schizophrenic Syndrome*. Vol. II. New York: Brunner/Mazel, 1972. pp. 457-480.**

Premorbid adjustment and paranoid/nonparanoid status are related to response to a single fixed dosage (100 mg q.i.d.) of thioridazine or placebo over a 21-day period in a sample of 54 newly admitted male schizophrenic patients. The results are: (1) Premorbid adjustment and paranoid/nonparanoid status are not independent dimensions. (2) When behavioral and psychophysiological measures are used, good and poor premorbid schizophrenics vary in their response. (3) When the good premorbid patients are divided into paranoid and nonparanoid subsamples, only measures of cognitive processes and perceptual vigilance for threat differentiate them. (4) Readings of phenothiazine presence in urine samples taken at hospital admission reveal significant differences among newly admitted patients. These findings suggest that the impact of a particular phenothiazine interacts with a schizophrenic's lifelong pattern of, and effectiveness in, coping with stress. 13 references. (Author abstract modified)

**339. Goldstein, Michael J., and Adams, Judd N. Coping style and behavior response to stress. *Journal of Experimental Research in Personality*, 2(4):239-251, 1967.**

Four groups of undergraduates, classified by coping style (avoiders and nonspecific defenders-NSD) and by anxiety level (high vs. low) were exposed to the tension-arousing film, "Wages of Fear." During the film, behavioral measures were taken based on a repetitive task which required a lever press during a certain fixed interval in order to continue film viewing. Skin conductance measures were continuously monitored on each s. The behavioral data indicated marked differences in rate, variability, anticipatory behavior, and task effectiveness between high-anxious ss in the two coping groups. The trends in the two low-anxious groups were less striking. The skin conductance data replicated earlier findings: avoiders were less responsive to the film than NSD ss. The greatest differences in skin conductance, contrary to the behavioral data, were between the low-anxious ss in each coping group, the low-anxious avoiders showing minimal reactivity, and the low-anxious NSD ss showing maximum reactivity. Data are discussed in terms of the success of a coping style and its implications for understanding behavioral and psychophysiological reactions to stress. (Copyright 1968, the American Psychological Association, Inc.)

**340. Goldstein, Michael J.; Gould, Edward; Alkire, Armand; Rodnick, Eliot H.; and Judd, Lewis L. Interpersonal themes in the Thematic Apperception Test stories of families of disturbed adolescents. *Journal of Nervous and Mental Disease*, 150(5):354-365, 1970.**

Thematic Apperception Test (TAT) stories of 24 sets of families containing disturbed adolescents in the age range of 13 to 19 years are analyzed according to: (1) perceptual cognitive structuring of cards; and (2) quality of interpersonal relationships described. The cards have a high probability of stimulating familial themes. Four groups of adolescents (aggressive-antisocial, active family conflict, passive-negative, and withdrawn) and their parents showed distinctive patterns of response to TAT cards. Parents of aggressive-antisocial adolescents perceived minimal involvement among family figures, while parents of withdrawn adolescents perceived skewed and negative relationships. Parents of active family conflict and passive-negative adolescents were similar in perceiving familial relationships with both positive and negative involvement among characters. Data obtained on the adolescents were complementary to the parental data for two groups (aggressive-antisocial and passive-negative) and congruent for the other two groups (active family conflict and withdrawn). Direct interactions between parents and their children under conditions of intense emotional involvement are discussed. 6 references. (Author abstract modified)

**341. Goleman, Daniel. Meditation helps break the stress spiral. *Psychology Today,* 9(9):82-84, 86, 93, 1976.**

A review of the relevant literature on meditation and the ability to handle stress is presented in the introduction to the report of a study designed to investigate how the practice of meditation helps one cope with stress. It is claimed that the body undergoes stress arousal whenever a threatening or challenging event occurs. The findings of Thomas Holms that stress will trigger illness by putting demands on the body that weaken resistance, and Hans Selyes that we need a preventative measure to buffer against stress are discussed. Reactions of two groups of individuals, meditators and nonmeditators, shown a film of bloody accidents revealed that meditators react with greater arousal than do nonmeditators. However, meditators are able to recover from arousal and relax faster than nonmeditators. It is speculated that these results are due to the fact that a relaxed meditator can perceive a threat more accurately. It is concluded that the relaxation associated with meditation increases the ability to handle stress and improves alertness.

**342. Golfarb, William; Levy, David M.; and Meyers, Donald I. The mother speaks to her schizophrenic child: Language in childhood schizophrenia. *Psychiatry: Journal for the Study of Interpersonal Processes,* 35(3):217-226, 1972.**

An account of adult language behavior toward the schizophrenic child based on observations during family therapy is set forth. When compared to families of normal children, families of schizophrenic children were found to deviate from normal in psychosocial adequacy. Various family members were less adequate than normal in fulfilling their expected roles in the family. Many of the parents demonstrated a dramatic paralysis, termed parental perplexity, characterized by extreme passivity of the father and mother in their responses to the child. Errors in maternal communication included failure to stimulate the child's interest in active communication; failure to maintain a continuous flow of communication with the child; failure to reinforce normal and acceptable speech communication in the child; active confounding of the child in his construction of reality by the mother through evasive, incongruent, and illogical expression; failure to grasp or active disregard of the child's cues; and failure to cope with the communication deficiencies of the child arising from the severity and extent of the child's deviation. The behavioral investigation of childhood schizophrenia is held to be essentially the study of aberrations in development of specific ego functions. A number of experimental approaches to observation are noted. 9 references.

**343. Gollin, Eugene S., and Moody, Mark. Developmental psychology. *Annual Review of Psychology*, 24:1-52, 1973.**

Current studies in developmental psychology are reviewed and evaluated. The importance of early stimuli to infants is stressed as a factor in perceptual and cognitive development. Recent research projects dealing with conditioned responses, biobehavioral relationships in children diagnosed as having psychiatric or behavioral disorders, psychoactive drugs, and psychophysiological manifestations of children with disturbances are described. Fetal and early developmental studies on primates and other animals, dealing with memory and perceptual and spatial relationships are enumerated critically. Experiments in discrimination learning, attention, and transfer are described, and the current controversy regarding ethnic and cultural components of intelligence testing methods is evaluated. 247 references.

**344. Golosow, Nikolas, and Weitzman, Elliott L. Psychosexual and ego regression in the male transsexual. *Journal of Nervous and Mental Disease*, 149(4):328-336, 1969.**

Psychosexual and ego regression were studied in the male transsexual who is a biologically and chromosomally normal male and who, while not denying his sexual anatomy, feels himself to be a woman. In this belief he insistently seeks endocrinological and surgical treatments to produce appropriate changes. Data are presented from the detailed study of a man hospitalized for a severe depression 15 months after a "sex-conversion operation." It is hypothesized that maternal evercloseness and excessive physical contact created too strong a feminizing symbiosis in infancy. Maternal overconcern and paternal inconstancy and inconsistency made successful individualization separation and effective masculine identification impossible. These disturbances of pregenitality left the patient unable to cope adequately with the phase-specific tasks of the Oedipal and later stages of development. Forced into increasingly regressive age and psychosexual resolutions, he developed a basic depressive state, and later severe depressive episodes appeared. He became a feminized boy, a transvestic adolescent, a young adult with transsexual fantasies, and a father with hormonal transsexualism. At full adulthood and parenthood he abandoned his career and family and underwent the sex-conversion operation. 6 references. (Journal abstract modified)

**345. Goodman, Carolyn, and Putter, Zetta. Children of mentally ill parents: Whose responsibility? *American Journal of Orthopsychiatry*, 42(2):329-330, 1972.**

A paper presented at the 49th Annual Meeting of the American Orthopsychiatric Association is summarized, providing an analysis of some of the problems experienced by the children of mentally ill parents. This is accomplished by examining the philosophy and organization of patient care and community services, by reviewing the literature on the subject, and by scrutinizing beliefs and attitudes about childcare. A program for the treatment and education of mentally ill parents that involves participation with their children in a nursery school is described, and recommendations for research, training, and development of services are proposed. Recommendations are based on findings that despite the added risk faced by children of mentally ill parents, there are relatively few services for treatment or intervention. Consequently, there are few training programs for developing staff to work with these parents and children, and a paucity of research on the variations in personality, behavior, and capacity to cope found in children who have mentally ill parents. It is concluded that the current state of neglect is a function of several confluent factors: (1) a lack of commitment to the rights of children; (2) a function of the response to crisis rather than the development of preventive approaches to the problems of mental health; (3) the self-imposed limitation of traditional approaches to patient care, and a lack of coordinated effort among agencies and disciplines in the human services arena. (Journal abstract modified)

**346. Goodrick, David Daniel. Construction and validation of a behavior inventory measuring maladaptive and adaptive**

**responses in the context of stressful and supportive situations. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-19371 (HC, $10; MF, $4).**

The construction and validation of a behavior inventory measuring maladaptive and adaptive responses in the context of stressful and supportive situations are reported. The Social Behavior Inventory (SBI) so developed was a pencil and paper instrument measuring six maladaptive and six adaptive responses in conjunction with four stressful and four supportive situations. Sets of two maladaptive and two adaptive responses were paired with each situation. The basic question posed by the SBI concerned the opposing hypotheses that behavior is quite consistent transsituationally and that situational contexts significantly influence the occurrence of behavior. The SBI was administered to narcotic addicts at a clinical research center; 134 men and women completed the SBI and another self-report form, and 118 addict peers and 69 staff members answered observer-rating forms about the respondents. Concurrent validation of the SBI compared each person's self-report with his peer and staff ratings. Male staff and female peer ratings were the better predictors of self-reports. A postinventory question about adjustment predicted self-report scores as well as peer and staff ratings. Construct validation of the SBI compared each s's self, peer, and staff rating scores with his scale scores on the Lexington Personality Inventory (LPI). It was found that the SBI component scores were often correlated with the majority of the 57 scales from the LPI. The larger number of significant correlations between the two instruments demonstrated the utility of the situation-response instrument for measuring behavior. (Journal abstract modified)

**347. Goodstein, H.A.; Bessant, Helen; Thibodeau, Gerard; Vitello, Stan; and Vlahakos, Irene. The effect of three variables on the verbal problem solving of educable mentally handicapped children. *American Journal of Mental Deficiency*, 76(6):703-709, 1972.**

The performance of educable mentally handicapped children at three mental age (MA) levels (7, 8, 9) was compared for solving mental problems under various conditions. The problems were varied by the presence or absence of extraneous information and the use of identical or superordinate set language. Five differing picture conditions were used (no pictures, exact pictures, qualitative distractor, quantitative distractor, and qualitative and quantitative distractors). Significantly inferior performance was evidenced by the MA 7 subjects, except under the exact picture and qualitative distractor conditions. The results are interpreted as reflecting the use of immature problem-solving strategies by the younger children. Implications for potential curricular intervention are discussed. 13 references. (Journal abstract modified)

**348. Gordon, Thomas. *Parent Effectiveness Training.* New York: Peter Wyden, 1970.**

A democratic way of relating to children is proposed as an alternative to the authoritarian and the permissive approaches. This parent effectiveness training is a "no-lose" program involving Rogerian listening and feeling. Parents are to be trained to think rationally and realistically about children as well as their own values and beliefs. Parents and teachers can learn to show youngsters problem-solving techniques without resorting to accusations of guilt. Parents are likewise cautioned to search for mutually acceptable solutions to the inevitable conflicts that arise between youths and adults.

**349. Gottlieb, David. The rise and fall of the American teenager: A more personal view of the sociology of American youth. *Youth and Society,* 1(4):420-436, 1970.**

The concern in this paper is primarily with middle-class youth who are mainly white, well educated, and from physically intact families. It would appear to be both foolish and dangerous to assume that most young people fulfill the ideal image that many of us hold for our own children and American youth in general. Some of the youth are down, some are drug oriented, some are violent, some are apathetic, and some are determined to live the traditional, middle-class way of life. There is a feeling among the young that they are unique, are "us" in contrast to "them." Togetherness and protest are not new. Socrates complained of the youth of Athens and the first month-long confrontation at Harvard took place in 1776. Today's youth cannot help his father build up a family enterprise or learn occupational skills from him. He has grown up with a background of violence and extended adolescence, knowing many facts but basically no better educated than the youth of 25 years ago. The family unit is undergoing change and has a limited influence over the thoughts and actions of the young. We have concentrated our activity more on commerce and industry than on human growth and development. Hope lies with government planning to determine the relationships between the structure of our social system and youth behavior.

**350. Gray, Albert D., Jr. Special education: An aid in the rehabilitation of exceptional youth. *Juvenile Court Journal,* 22(3):60-68, 1971.**

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For children and youths in special classes because of social maladjustments, the school is also the place of treatment and rehabilitation. The treatment is not analytic in nature in that the teacher does not assume the role of psychoanalyst or psychotherapist in the classical sense. Rather the teacher's role is that of an activist helping the child to live through each day. There are potentially severe consequences in an untrained teacher assuming the role of therapist. The teacher must identify with the child, empathize with and accept his emotions, and redirect these feelings into alternate channels of behavior which are socially acceptable and pleasurable and gratifying to the child. To accomplish this goal, the teacher must work creatively and from a background of learned and developed knowledge and skills. Relearning and reeducation are processes of therapy. Clinical teaching has as its prime objective not the teaching of academic skills but the utilization of the child's potentials and the resolution of his emotional conflicts. The teacher-child relationship is the basis of effective clinical teaching. The clinical school must present a structure with rules and punishments which follow the breaking of rules, but the regulations must make sense to the child. The rules must be basic, simple, and necessary. Academic learning is possible for disturbed children, but the approaches to such learning and the techniques used to accomplish it must be creatively tailored to each individual child. 1 reference.

**351. Gray, Robert M., and Kasteler, Josephine M. The effects of social reinforcement and training on institutionalized mentally retarded children. *American Journal of Mental Deficiency*, 74(1):50-56, 1969.**

A description is given of the effects of a program in which older men and women were employed as foster grandparents to provide love, individual attention, and training to a group of institutionalized mentally retarded children. Treatment consisted of individualized training, using methods of imitative learning and reinforcement. Focus is on the development of social competence. Findings led to the conclusion that institutionalized retarded children can reach higher levels of social competence if given individual attention and special training, and that teachers need not be professionally trained, but can be volunteers or lower paid workers. 29 references. (Journal abstract)

**352. Green, Morris; Friedman, Stanford B.; and Rothenberg, Michael B. Psychosocial aspects in the care of children with cancer. *Pediatrics*, 40(3):492-519, 1967.**

The hospital doctor is often confronted with clinical responsibility for children with fatal diseases. Several principles of management may be pointed out: (1) the competence and confidence of the physician; (2) the availability of the physician; (3) a continuing relationship with the physician; (4) personalized care; (5) informing the child of what is going to happen; (6) giving the child an active role; (7) permitting questions; (8) maintaining an optimistic, encouraging outlook without being too promising. The child senses that his disease is life threatening. Further research of the child's psychological reactions to dying is necessary to determine how he expresses the knowledge that he is dying and how to communicate with him in a therapeutic manner. In dealing with the parents, the physician should practice anticipatory guidance. The coping behavior of parents usually permits them to adjust to the situation. It should be judged as it protects the parents from overwhelming psychological stress and as it permits them to participate in the medical and psychological care of the child. Parents should be told privately and frankly of the diagnosis. It is often psychologically beneficial to allow parents to participate as much as possible in the care of the child. Anticipatory grieving makes the child's actual death less difficult for the parents. The physician should determine the manner in which the family's functioning is affected and seek to help them adjust to the situation. Group sessions and family interviews may be helpful. Those working with dying children experience conflicting emotions, compassion and repulsion. Since the responsibilities of caring for a dying child are great, a physician should seek supportive help, perhaps from a social worker. Medical students should be taught comprehensive pediatrics, including psychiatric pediatrics. 9 references.

**353. Greenberg, Ramon; Pillard, Richard; and Pearlman, Chester. The effect of dream (stage REM) deprivation on adaptation to stress. *Psychosomatic Medicine,* 34(3):257-262, 1972.**

The role of dreaming in the assimilation and mastery of new experiences was examined. Previous work had shown that a film of an autopsy can evoke measurable psychologic and physiologic indices of anxiety. Adaptation to the experience was indicated by lower levels of anxiety during a second viewing of the film. The effect of dream (stage REM) deprivation on adaptation to the second viewing was examined. Between the first and second viewings, nine subjects were dream deprived, five had normal sleep, and six were awakened from non-REM sleep. For those who showed a significant anxiety response to the first viewing, the dream-deprived group showed significantly less adaptation to the second viewing than the other two groups. These results support the hypothesis that dreaming aids adaptation to anxiety-provoking stimuli. 14 references. (Journal abstract)

**354. Greenberg, Roger P.; Davis, Gary; and Massey, Ronald. The psychological evaluation of patients for a kidney transplant and hemodialysis program. *American Journal of Psychiatry*, 130(3):274-277, 1973.**

The effect of kidney transplants and a hemodialysis program on emotional adjustment was studied in 24 patients. Most of the patients experienced organic losses in intellectual functioning and appeared to have limited amounts of energy available for coping with stress and limited affective responsivity. However, psychological evaluations revealed little evidence of gross emotional maladjustment. The benefits of properly preparing such patients for psychological testing are stressed to allay their fears, increase their tolerance to stress, and aid in obtaining the best possible picture of their strengths and capabilities. 15 references. (Author abstract)

**355. Greene, William A., and Moss, Arthur J. Psychosocial factors in the adjustment of patients with permanently implanted cardiac pacemakers. *Annals of Internal Medicine*, 70(5):897-902, 1969.**

Sixty patients were studied for adjustments with and to permanent pacemakers implanted 6 years to 1 month previously. Their median age was 72 years. Most patients make an excellent psychological adjustment to cardiac pacemakers with a rejuvenating lease on life; only a small minority exhibit anxiety about the pacemaker. The patient's individual adjustment appears to be a function of his physical status, duration of symptoms, his available object relations, his adjustments to previous prosthetic devices, his personality style, and the adequacy of pacemaker function. Age, sex, and socioeconomic status do not appear to be important factors in patient adjustment. Psychological illness per se is not compounded by the use of pacemakers. In this older age group the pacemaker and the associated physician seem to provide a more concrete basis on which to depend than the nebulous fate of old age. 15 references. (Author abstract modified)

**356. Grimmett, Sadie A. The influence of ethnicity and age on solving twenty questions. *Journal of Social Psychology*, 8:143-144, 1971.**

The influence of ethnicity and age on solving 20 questions was investigated by examining Mexican-American, Indian-American, black-American, and Appalachian-Caucasian-American third and sixth grade boys' test strategies: hypothesis scanning or conservative focusing (efficient strategy). It was found that age (except for Indian-Americans) but not ethnicity influenced problem-solving variables.

**357. Grinbert, Leon. Aspectos regresivos y evolutivos de las mecanismos obsesivos: El control omnipotente y el control adaptative. [Regressive aspects in the evaluation of the obsessive mechanisms: Competitive and adaptive control.] *Revista de Psicoanalisis*, 24(3):477-493, 1967.**

The nature and conclusion of obsessive mechanisms and control are discussed, as they affect the self and object relationships. Two levels of functioning of obsessive mechanisms are authoritative and adaptational. The former is connected with psychic states; the latter stresses better adaptation to reality and a tendency to revert to hostile impulse energy. Failure of the adaptation functioning leads to depersonalization because of loss of control to project the self into the object with reality, and so to regress to the authoritative functioning. Clinical examples are presented to verify concepts. 21 references. (Copyright 1968, the American Psychological Association, Inc.)

**358. Grinker, Roy R., Sr. Psychiatry and our dangerous world. In: Heseltine, G., ed. *Psychiatric Research in Our Changing World*. Amsterdam: Excerpta Medica Foundation, 1969. pp. 13-26.**

In a discussion of psychiatry and its role in an increasingly dangerous world, some questions are posed in an attempt to find a definition of psychiatry and its future in helping to understand, prevent, and ameliorate the consequences of rapid change. Focus is on how man can respond, cope, and finally adapt life to the surrounding confusion. The term stress is used in the sense of response (not stimulus); coping is viewed as a defensive reaction to stimuli appraised by the individual as threatening; and adaptation is defined as a more general social reaction to change or danger spanning a larger segment of time. 6 references.

**359. Grinker, Roy R., Sr. *Psychiatry in Broad Perspective*. New York: Behavioral Publications, 1975.**

An overview of psychiatric theory, practice, and research is presented. Topics covered include: the historical development of attempts to understand mentation through magic and religion and through psychology and philosophy; attempts to produce a science of psychiatry through a general systems theory embracing biological, psychological, and social models; the development of present psychiatric theory; the researcher; the object of inquiry in psychiatry and the research design; and review of the syndrome of schizophrenia, drawing an analogy between blind men describing an elephant and the current state of knowledge. The difficulties facing the clinician and researcher are treated, and conflicts between the two are considered. Additional information is presented on the subjects of normality, biological research, early experience, psychoanalysis and intrapsychic processes, social and cultural techniques applied to psychiatry, and stress and its relation to adaptation, defenses, coping, and disease.

360. **Gripka, Frank Joseph. The effects of structuring initial expectancies for problem-solving in encounter groups. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-6208 (HC, $10; MF, $4).**

The effectiveness of presenting structuring for problem solving to encounter group participants is investigated. Subjects and controls were students enrolled in psychology courses. A problem-identification checklist (PICL) provided ss with structuring for problem solving and measured both the number of their admitted problems and the level of their problem discomfort (PDL). The perceived helpfulness of the PICL is assessed. Other measures included the Tennessee Self-Concept Scale with primary focus on the total positive score as a measure of self-concept and the Marlowe-Crowne Social Desirability Scale as a measure of defensiveness. The data were analyzed primarily by means of correlations and by F-tests generated through linear regression models. Structuring for problem solving did not add in any measurable way to the effects of the encounter process. There was an expected significant negative correlation between the individual's perception of self and his level of problem discomfort. Subjects higher in self-concept tended to be more effective in decreasing problem discomfort. Level of defensiveness did not appear to be a factor in discomfort level change. Encounter participants did not perceive the checklist as more helpful than nonparticipants. The results provide evidence that an individual's level of self-esteem is a predictor of problem discomfort and an indicator of his ability to cope with and resolve problem-caused stress. (Journal abstract modified)

361. **Groen, Joannes J. Social change and psychosomatic disease. In: Levi, L., ed. *Society, Stress and Disease.* Vol. I. London: Oxford University Press, 1971. pp. 91-109.**

The mechanisms by which sociocultural factors can produce or modify psychosomatic disease are discussed. The hypothesis is offered that every society or culture (like a biological organism) tends to preserve its homeostasis by feedback mechanisms, which consist in the psychosocial (cultural) interactions of the members of their different subgroups. This homeostatic tendency preserves a dynamic equilibrium in the society, although in the long run both biological and social organisms do not succeed in their tendency to self-preservation, but are involved in evolutionary and sometimes revolutionary, progressive or regressive, change. This process of change in the society is itself a more or less stressful situation which requires from the members adaptive responses to cope with it. Depending on whether these responses are adequate, the members of the subgroup may remain healthy or fall victim to deviant behavior or disease. There is a great deal of evidence to indicate that psychosomatic disorders are markedly culturally induced. 16 references. (Author abstract modified)

**362. Gros, Ch.; Brum-Valery, L.; Israel, L.; and Durand de Bousingen, R. Approche psychosomatique des affections mammaires. [A psychosomatic approach to mammary diseases.]** ***Revue de Medecine Psychosomatique et de Psychologie Medicale*** **(Paris), 11(2):239-250, 1969.**

The personality of women with diseases of the breast as investigated by the Rorschach and TAT tests is described. In diseases of dysplasia, the personalities that emerged were hyperemotive, with affective and emotional control and defense mechanisms against anxiety. For the most part, these were of an hysterical type with a tendency to somatic conversion. In the cancerous diseases, the personality appears more disturbed with a reduction in adaptation to reality, simultaneously relevant to organic components and to a hypochondriac basis. Problems relevant to feminine sexuality were prominent in both groups. A discussion of these manifestations is presented in relation to a psychosomatic personality. 9 references. (Author abstract modified)

**363. Grossman, Frances Kaplan.** ***Brothers and Sisters of Retarded Children: An Exploratory Study.*** **Syracuse: Syracuse University Press, 1972.**

Research into sibling responses to a retarded brother or sister is presented with emphasis on family interactions. It was found that the severity of retardation was not a significant factor in how siblings react, and that the family's ability to cope with stress was a more significant factor. A retarded child of the same sex as a sibling posed more identity problems for the normal child than one of the opposite sex, as did a retarded sibling younger than the child under study. The curiosity of a normal child about a handicapped brother or sister was investigated. The impact of a retarded child appeared to be greater on a small family than on a large one. This study partially fills one void in human knowledge: the question of how mental retardation affects the normal siblings in a family.

**364. Group for the Advancement of Psychiatry, Committee on the College Student. The development and integration of sexuality in the personality. *Group for the Advancement of Psychiatry Reports and Symposiums*, 6(60):18-37, 1965.**

A review is offered of the stages of sexual development and the role of sexuality in the personality during developmental stages and at maturity. Relationships between childhood experiences involving trust, acceptance of limits, and love are related to development of capacities for lasting relationships, postponement of gratification, and emulation. Persistence of childhood behavior such as masturbation is discussed. Adolescent sexual development is considered in relation to culture, personality, drive increase, changing awareness of self, reaction to sexual outlets, heterosexual commitment, failed heterosexuality, and identity. The importance of a healthy self-image for self-control, and the role of the peer group are reviewed. The importance of friendly adult contacts is discussed. Relationships between intellectual and sexual development in early childhood, latency, puberty, and adolescence are considered. The interaction of emotional and intellectual growth is discussed. Relationships between adolescents and parents, other adults, and social values are reviewed. The increasing importance of the emotional climate of the sexual relationship has replaced fear of social ostracism and religious rejection as a mode of conduct determination.

**365. Grunner, O. Lazenska lecba dusevnich chorob I: Indikace. [Spa treatment of mental disorders: I. Indications.] *Ceskoslovenska Psychiatrie* (Praha), 66(1):48-52, 1970.**

Spa treatment is indicated in certain mental disorders including neurotic exhaustion, various forms of neurasthenia, psychasthenia, and hysteria. The diversity of stimuli provided by this treatment brings about an improvement in neurovegetative dystonia, which weakens the resistance of the body and contributes to the development of neuroses. An increasing number of patients suffering from the "civilization diseases" are being treated in Czechoslovak spas of Jesenik, Dubi, Vraz, Vysne Ruzbachy, and Rajecke Teplice. Only some forms of schizophrenia and endogenic depression receive terminal convalescent treatment at these spas. Spa therapy is also suitable for the treatment of mental upsets connected with adolescence, the climacteric, and senescence. Some types of epilepsy and psychoses disruptive to the environment are excluded from spa therapy. (Journal abstract modified)

**366. Gunn, Alexander. Student casualties. *Mental Health* (London), Winter:34-35, 1969.**

In this article, Dr. Gunn discusses the book *Student Casualties* by Anthony Ryle, which reviews the breakdown and failure, emotional and academic, of the university students that have been under Dr. Ryle's clinical care. A university is a specialized community with special stresses—social, academic, and cultural—to which its population is subject. These can erode a vulnerable, developing personality, provoke a latent psychosis, or destroy an individual who cannot adapt. Dr. Ryle analyzes the type of student apt to break down and discusses the roles of the university and clinic in helping him successfully through his crisis. It is an excellent book, readable and humane. It gives a broad view of problems in a university and a precise one of the problems faced by the mentally unwell in an academic situation.

**367. Gyr, John W., and Fleisher, Carol. Computer-assisted studies of Piaget's three-stage model of cognitive development. *Psychological Reports*, 20(1):165-166, 1967.**

Piaget's model of cognitive stages, a theory of inductive behavior, includes 3 successive stages of cognitive development following the early sensorimotor stage: (1) pre-operational stage (ages 2 to 6); (2) concrete-operational (ages 7 to 11); and (3) formal operational (extending through adolescence). These three stages were operationalized in connection with an inductive problem-solving apparatus known as the PSI apparatus, an electro-mechanical system. Circuit elements, which are interconnected by relations such as "necessity," "sufficiency," and "inhibition," are lights activated when the subject presses a button. Subjects are required to experiment with the system to learn how to obtain a given output element from a small set of input elements. A model-probability, the probability of one of the three possible stages given the behavior on the trial, was computed for each possible stage in trials on subjects ranging from fourth graders to university students under a variety of stress conditions. The effects of decision- and time-stress conditions were significant and were significantly different. The differences in adult standards and those of fourth graders were near significance and those between fourth and ninth graders were significant under neutral conditions. 2 references.

**368. Haan, Norma. Proposed model of ego functioning: Coping and defense mechanisms in relationship to IQ change. *Psychological Monographs*, 77(8):1-23, 1963.**

A model of ego functioning that included both coping and defense mechanisms was described and applied to a study of the relationship of ego functioning to absolute intelligence and to IQ change from early adolescence to middle adulthood. The ego mechanism measures were developed from ratings of extensive interviews with 49 men and 50 women who participated in the longitudinal Oakland growth study. IQ change measures were derived from the Terman Group Test. Intelligence was found to be positively related to coping mechanisms for both men and women. Coping was generally related to IQ acceleration and defense to IQ deceleration. Men were generally more accelerative in the various kinds of intelligence than women. Male accelerators were coping in an expressive manner, whereas female accelerators were coping in a controlled manner but had neurotic types of defenses as well. Women who accelerated the most in verbal tasks tended to be low in femininity in adolescence and high in femininity in adulthood, while women who accelerated the most in arithmetic tended to have the reverse pattern. Denial and a primitive defense factor characterized both men and women who decelerated on the verbal tasks. Neither adolescent nor adult social class level was importantly related to IQ change. 25 references.

**369. Haan, Norma. The relationship of ego functioning and intelligence to social status and social mobility. *Journal of Abnormal and Social Psychology,* 69(6):594-605, 1964.**

The relationship between social structure and personality functioning was investigated in 49 male and 50 female subjects from the longitudinal Oakland growth study. Follow-up interviews were completed during 1957-60 when the subjects were about 37 years old. Twenty ratings of ego functions (10 defense mechanisms and 10 coping mechanisms) were made by interviewers and were independently repeated by other clinical psychologists on the basis of a typescript summary of the interviews which dealt with present status, past memory of self, and social interactions. The results showed that childhood social status had little effect on adult ego functioning, and that adult status and mobility were positively related to adult coping functions and to selected adolescent personality variables such as: intellectual self-criticism; egocentric responses; and autonomy. Impulse regulation in the coping sense was related to upward mobility for both sexes, but the males controlled and modulated impulse, whereas the females expressed impulse. Certain kinds of defensiveness (such as isolation, denial, and regression) were negatively related to mobility for males but were independent of the mobility of the females. Although intelligence was moderately predictive of social mobility for the females, it was independent of mobility for the males. 20 references.

**370. Hacker, Carlotta. Do you have a bad trip if you go to hospital? *Canadian Nurse* (Ottawa), 67(6):39-44, 1971.**

A survey of selected Canadian hospitals revealed an unexpectedly small number of drug addict cases in contrast to the high prevalence of drug addiction in the general population. It is concluded that young addicts, even when aware of their need for help, avoid most hospitals because there they are treated as substandard humans, and often as criminals. There are exceptions: Certain hospitals are known to be sympathetic to drug addicts; other hospitals are sympathetic to alcoholics but unsympathetic to drug users. Youth clinics and street agencies, often manned by volunteer nurses and doctors, are preferred by young people who for the most part picture a hospital as an arm of the estabishment where there is too much involvement.

**371. Hahn, Paul H., and O'Connor, John P. *The Juvenile Offender and the Law.* Cincinnati: W.H. Anderson, 1971.**

In volume 5 of a series of texts for police officers, the relationship of the juvenile offender and the law is examined. Specific chapters deal with: contemporary cultural and ecological environment; classification of juvenile offenders; differing theories for causes of deviant or delinquent behavior; child psychology; behavior problems in adolescents; the multiple-problem family; affluent and suburban delinquency; campus violence and political activism; race and the juvenile offender; the drug scene; the role of alcohol; juvenile sex offenders; the role of schools; reliability of juvenile delinquency statistics; prevention of delinquency; professional police approach to the juvenile offender; due process and its special concerns relating to juveniles; legal definitions; philosophy and procedures of the juvenile court; the philosophy and goal of juvenile corrections; and treatment of the juvenile offender. 174 references.

**372. Hahn, W.W., and Clark, Jean A. Psychophysiological reactivity of asthmatic children. *Psychosomatic Medicine,* 29(5):526-536, 1967.**

Eighteen asthmatic and 21 normal children ages 10-16 were tested for psychological responses to criticism and psychophysiological reactivity to tone, shock, and problem-solving tasks. The asthmatic children reacted with more negative affect to criticism by self-report measures. Psychophysiological responses provided indications of abnormal heart rate and respiration responses in the asthmatic group that are apparently related to the physiological changes associated with the asthmatic syndrome and may be related to the physiological changes that accompanv the asthma attack. (Copyright 1968, the American Psychological Association, Inc.)

**373. Hales, Loyde W., and Fenner, Bradford. Work values of 5th, 8th and 11th grade students.** ***Vocational Guidance Quarterly*, 20(3):199-203, 1972.**

Students in the 5th, 8th, and 11th grades in a small rural school district were tested by the Ohio Work Values Inventory (OWVI) to determine the intensity with which they value the variables measured by OWVI and to determine which of these values are of greatest importance to each grade level. The 5th and 8th grade subjects valued altruistic jobs and work that permits self-realization less highly than did the 11th graders. With regard to altruism, it may be that results of the present study reflect in high school juniors the idealism so often referred to in generalized descriptions of teenagers. The greater importance of self-realization to the 11th grade group reflects, perhaps, a personal sifting and sorting process by means of which a young person attempts to find his place in the adult world. 10 references.

**374. Haley, Jay.** ***Changing Families: A Family Therapy Reader*. New York: Grune and Stratton, 1971.**

This collection includes both previously published and unpublished papers on family therapy. The focus is on therapy technique, but many of the authors discuss problems to be changed as well as the experience of being a family therapist. The papers are presented in roughly chronological order to afford the reader a view of the evolution of ideas in the field. A review of the family therapy field is presented by the editor. Topics treated in separate articles include: conjoint family therapy; multiple-impact therapy; the nature and sources of the psychiatrist's experiences with the family of the schizophrenic; indirect hypnotherapy of a bedwetting couple; conjoint family therapy in inpatient setting; multiple-family therapy; guidelines for exploratory conjoint family therapy; ethical issues in family group therapy; and the family as a treatment unit. Other articles deal with experimental family therapy, conflict resolution family therapy, the use of family theory in clinical practice, behavior therapy in the home, amelioration of problem parent-child relations with the parent in a therapeutic role, techniques for working with disorganized low-socioeconomic families, approaches to family therapy reducing effects of videotape playback experience on family and marital relationships, evaluation of psychiatric help when divorce impends, therapy techniques of a hospital family treatment unit, deviation amplifying processes in natural groups, and social network intervention. 270 references. (Author journal abstract modified)

**375. Hall, Robert E. The emotional conflicts behind an abortion. *Medical Insight,* 4(7):22-25, 27, 1972.**

The psychological factors behind an unwanted pregnancy and the psychological consequences of an abortion must be considered individually for each woman, but certain psychosocial situations tend to recur among unwillingly pregnant women. The reasons for an unwanted pregnancy may be the failure of a contraceptive method; rape, coercion, or incest; ignorance of contraceptive methods or of the need for them; gambling that conception won't occur; and a subconscious desire for pregnancy. In the latter category are those pregnancies which are conceived while acting upon fantasy; when the reality of the situation confronts the fantasy, a desire for an abortion is usually the result. Certain groups, such as a married woman who is emotionally stable but unwilling to have a child, can cope with an abortion with very little conflict. Other groups, such as a Catholic woman or a woman whose husband is pressuring her into an abortion, present acute psychological problems that the doctor must consider. The largest potential emotional problems are seen among unmarried teenagers. It is extremely important for the physician to try to determine which patients need psychiatric referral and treatment. The physician must also examine his patients' attitudes towards him as the abortionist. Most women possess the psychic resources to cope with an abortion successfully. 1 reference.

**376. Halper, Ira S. Psychiatric observations in a chronic hemodialysis program. *Medical Clinics of North America,* 55(1):177-191, 1971.**

Potential reactions and modes of adjustment to the emotional stresses of dialysis and the role of the staff team in dealing with psychiatric complications are discussed. Psychotic or mentally retarded patients are not good candidates for a dialysis program. Psychological stresses include loss of body function and occupation and financial problems, injury or the threat of injury, and the frustration of instinctual drives. The fear of imminent death and the fear of living as a handicapped person are almost universal. The organic brain syndrome that accompanies renal failure is reversible but is found in some patients during or shortly following dialysis. Anger, suicidal behavior, and denial are seen as results of these stresses. A nurse clinician can be of assistance in coordinating patients' medical care, helping the attending psychiatrists, and dealing with family problems and rehabilitation. Staff members have a tendency to feel an emotional strain, but it is important for them to maintain an attitude of hopefulness and acceptance. 24 references.

**377. Hama, Haruyo. A personality scale for susceptibility to conflict. *Japanese Psychological Research* (Tokyo), 13(1):34-44, 1971.**

A Minnesota Multiphasic Personality Inventory (MMPI) scale has been developed for the purpose of evaluating the ability of individuals to resolve conflicts. As the preliminary step to deriving this scale, an experiment was performed which involved the administration of a discrimination conflict to 494 subjects individually. Seventy-four of these subjects were selected as a high conflict group on the basis of low conflict resolution and 86 as a low conflict group according to their rapid performance in the experiment. Item analysis of the 550 items administered to these subjects prior to the experiment identified a set of 30 MMPI items, designated as the susceptibility to conflict scale. Further investigations were made concerning the reliability and validity of this scale and its relationship to other MMPI scales. 20 references. (Journal abstract modified)

**378. Hamburg, David A. An evolutionary and developmental approach to human aggressiveness. *Psychoanalytic Quarterly*, 42(2):185-196, 1973.**

The aggressive behavior of chimpanzees in their natural habitat, and the application of such observations to the evolution of human aggression, is discussed. Conditions under which aggressive patterns in chimpanzees occur and which seem to be similar to those found in man are presented, and similarities in the aggressive behavior elements are discussed. 16 references.

**379. Hamburg, David A. Crowding, stranger contact, and aggressive behaviour. In: Levi, L., ed. *Society, Stress and Disease*. Vol. 1. London: Oxford University Press, 1971. pp. 209-218.**

Several lines of research on the relation between crowding, stranger contact, and aggressive behavior are discussed. The framework for these studies is evolutionary. Most of them draw upon observations of complex nonhuman primates in natural habitats, seminatural settings, and laboratory experiments. One consistent finding from these recent studies meshes with earlier work in a variety of nonprimate species. It appears that there is a very long vertebrate-mammalian-primate heritage of aggressive behavior when strangers are crowded together in the presence of valued resources. There are some indications from the record of early man, and especially from the evolution of behavior in cities, that this tendency may have been maintained (and in some ways accentuated) within recent times. Neurochemical, physiological, and pathological correlates of crowding, stranger contact, and aggressive interactions are beginning to be investigated. In contemporary society, conflict between groups is common, sometimes quite destructive, and highly varied in content. Yet there are widely shared properties in the form of such antagonisms that may help to clarify some relations among society, stress, and aggressive behavior. 48 references. (Author abstract modified)

**380. Hamilton, Vernon. Maternal rejection and conservation: An analysis of sub-optimal cognition. *Journal of Child Psychology and Psychiatry* (Oxford), 13(3):147-166, 1972.**

Attempts made to derive a plausible relationship between socialization experiences and conversation are presented. It was postulated that children of accepting and rejecting mothers would differ from an early age in patterns of arousal and activation levels, in experiences of stress, and in their willingness to obtain social feedback in problem solving. Therefore, it was proposed that children exposed to rejection might find it more difficult to apply logical strategies in information processing, and to filter out irrelevant from relevant stimuli in conversation tests. As predicted, conversation assessed by new pictoral tests in increasing difficulty was shown to be less well developed in children of rejecting mothers. 45 references. (Author abstract modified)

**381. Hammett, Van Buren O. Psychology of smoking. *Pennsylvania Medicine,* 71(1):64-77, 1968.**

The principal psychological characteristics of smoking are summarized from direct interviews, psychological tests, and the use of psychotherapeutic and psychoanalytic techniques. Smoking is regarded as a complex behavioral pattern which originated from the infantile nursing period in which sucking activity was associated with a relief from tension. The cause of smoking in individuals was correlated with the smoking habits of parents, while stress and social conformity were significant but inconclusive reasons for beginning the habit. Reasons for continuing were thought to be unconscious. A summary of the psychological and behavioral characteristics of habitual smokers showed that smokers (1) marry more often than nonsmokers, (2) have a greater tendency for unemployment, (3) have a poorer adjustment in family relations, poorer scholastic achievement, and poorer social participation in adolescence, (4) have a greater amount of hospitalization, (5) show a tendency toward more neurotic traits, (6) regard themselves as less happy and more tense than nonsmokers, and (7) exhibit higher anxiety levels, and consume more coffee and alcoholic beverages than nonsmokers. The main reason for stopping smoking was found to be that smokers cannot tolerate being possessed by an ego-alienating habit; that is, they are not comfortable with the feeling of being unable to control their own behavior. The most effective methods in helping smokers to break their habit were found to be pharmacological agents, educational programs, techniques of persuasion, and various types of psychotherapy. 43 references.

**382. Hanford, Jean Margaret. Patterns of variables involved in differing outcomes of pregnancy. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-13864 (HC, $10; MF, $4). 112 pp.**

In an examination of psychological attitudes towards stress and conflict in pregnancy and modes of adaptation of such stress, it was predicted that patternings of psychological and physiological variables, hypothesized to be accompanied by blood 17-hydroxycorticosteroid and histamine balances, both relative and absolute, would be related to differing outcomes in pregnancy. In an indirect method of testing such hypotheses, attitudes to stress and clinical symptoms known to be accompanied by steroid and/or histamine imbalances were examined. Five canonical vectors were obtained, the first four being significant at beyond the 0.0001 level, the fifth beyond the 0.01 level. It was demonstrated that stresses of various kinds exert influence on pregnancy outcome and that modes of adaptation to stress affect it also. Attitude to stress was present in three of the five canonical vectors obtained. The idea that some modes of adaptation are more likely to have undesirable effects on pregnancy outcome was supported, along with the hypothesis that nausea and vomiting would be predictive of various pregnancy outcomes. Various patternings of nausea and vomiting appeared in four of the vectors, with varying results on labor, delivery, and condition of the infant. (Journal abstract modified)

**383. Hare, Rachel T. Autonomy, dependency, and problem solving in Filipino children. In: Guthrie, G., ed. *The Impact of Modernization in the Philippines IV*. Springfield, Va., NTIS, AD-69798L. pp. 46-59.**

Among 88 Filipino boys in kindergarten and the first grade, highly dependent subjects made more errors under intrinsic reinforcement in a problem-solving task while highly autonomous subjects made fewer errors under the same conditions. The 20 subjects who had had previous schooling made fewer errors under intrinsic reinforcement, but no differences were found under extrinsic reinforcement. Pseudoautonomy—that is, high autonomy with high dependency conflict—increased with age, but pseudoautonomous subjects did not differ from genuinely autonomous subjects with respect to success in problem solving or in amount of hostility expressed. Dependency conflict was not as rare as reports of Filipino society might lead one to believe, with rural subjects showing more dependency conflict than town subjects. Shyness was negatively related to dependency as well as to autonomy. 26 references. (Author abstract)

**384. Harms, Ernest. The need for differentiation in rehabilitating the mentally retarded. *Mental Hygiene*, 54(3):457-458, 1970.**

It is contended that the current educational concepts used in dealing with mentally impaired youth fail to consider the specific pathologies involved, and, therefore, neglect important educational aspects. The behavior, for instance, of those affected by cerebral palsy, polio, and epilepsy differs considerably: The cerebral palsied display a powerful instinct to compensate for impairment and deficiency. Many individuals struck by polio remain frightened, insecure, fearful, and easily irritated. The epileptic begins things but does not finish them, is hesitant, pessimistic, panicky, works well one day but fails the next. These differences in behavior must be taken into consideration if the mentally impaired are to be helped to adjust vocationally and socially.

**385. Harris, D. B.; Rose, A. M.; Clark, K. E.; and Valasek, F. Personality differences between responsible and less responsible children. *Journal of Genetic Psychology*, 87:103-109, 1955.**

Deviate quarters from an original sample of 3,000 rural and smalltown Minnesota children were split at random to provide two criterion groups for scale validation and two groups for cross-validation. The 600 children, evenly divided by sex, used for cross-validation are the subjects of this study. Responsibility was found to be related to lack of emotional tension, good family adjustment, and favorable adjustment ratings made by teachers. It was also associated with level of parents' education. Responsible children engage in fewer competitive activities in relation to total, and fewer activities requiring physical exertion in relation to total than do less responsible children. Responsible boys, but not girls, engage in fewer solitary activities than do the less responsible. Responsibility was found associated with factor dimensions termed lack of group-centeredness, conformity to social norms, personal independence, possession of constructive interests, and strong and non-authoritarian personality. From a teachers' checklist of responsibility, the dimensions of task dependability and cultural value conformity were associated with children otherwise determined to be responsible. 13 references.

**386. Harrower, Mollie. *The Therapy of Poetry*. Springfield, Illinois: Thomas, 1972.**

The idea that poetry is part of normal development through which one tries to cope with stresses of living, and that poetry is therapy is examined. The changes in poems (topics, feelings, forms, flow) with age and stress are presented in a sensitive manner.

**387. Hart, Harold H. *Drugs: For and Against*. New York: Hart Publishing, 1970.**

Opinions, feelings, and facts from individuals interested in the use and abuse of drugs in modern society are presented. The contributors' views are divergent on such areas as the legalization of marijuana, the social meaning of drug abuse, and measures to be employed for intervention. In one case, the argument that interfering in a person's desire to take drugs is interfering with personal right and freedom of choice is refuted, while in another it is contended that marijuana should be legalized for its pleasurable properties. One educator believes the reasons for taking drugs derive from boredom, affluence, inhibition, and arrogance which reflect defects in childrearing. Laws surrounding drug use with those controlling alcohol and cigarettes in the schools are also reviewed, with divergent opinions expressed. Finally, arguments for and against use of hallucinogens and psychedelic drugs are presented.

**388. Hashmi, Farrukh. Immigrants and emotional stress. *Proceedings of the Royal Society of Medicine* (London), 63(6): 631-632, 1970.**

Immigration causes considerable stress, often resulting in casualties in the form of psychological or even physical breakdown. When working with immigrants, it is essential to understand the cultural and displacement factors which largely determine how the mental illness or complaints present themselves to the doctor. The depressed patient is likely to lose confidence first in the things of which he is most proud. For example, in those from the East and Pakistan, the complaints may center around manhood, and in Irishmen, the content of the thought disorder is often related to religous ideas. In addition to the usual displacement adjustments, the immigrant may also be confronted with further stresses of color prejudice, language barrier, climate, a change of habits and food, and religious conflict. In school-age children the stresses caused by nonacceptance by their adopted society can result in various forms of anxiety states, found particularly among non-Asian colored children.

**389. Hatcher, Sherry Lynn Marcus. The adolescent experience of pregnancy and abortion: A developmental analysis. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-6845. (HC, $10; MF, $4). 155 pp.**

Adolescent pregnancy and abortion were investigated in 13 unwed adolescent girls to ascertain if the experiences were determined by the stage-specific conflicts of early, middle, and late adolescence. The subjects were middle class and ranged from 15 to 26 years old. Each s was interviewed in depth on pertinent topics, including the experience of her pregnancy, the circumstances in which it occurred, and her expectations about abortion. Projective tests given were the TAT, Draw-A-Person, Draw-A-Baby, and selected early memories. Six ss were reinterviewed preoperatively and postoperatively about their hospital experience; they were interviewed again 6 weeks postabortion. The scoring categories were related to the hypotheses that knowledge of conception and contraception increases with age; motivation for pregnancy is related to the key interpersonal conflicts for each developmental substage; the experience of pregnancy is more positive as one ascends the developmental scale; the experience of motherhood becomes increasingly positive; attitudes to abortion are more consistent and less rigidly moralistic with increasing maturity; perception of the fetus becomes more realistic; ability to cope with crisis improves with maturation; and sense of the future is more flexible and optimistic as one goes from early to late adolescence. Eight correlations between stage of adolescence and stage level in the experience of pregnancy and abortion were tested by Kappa. All achieved statistical significance: P is less than 0.01. Six-week postabortion followups on six ss indicated that the ss experienced more of the same developmental conflicts as before the terminated pregnancy. (Journal abstract modified)

**390. Hattery, Lowell H.; Munves, James; Prather, John L.; Alden, John D.; and Baum, Werner A. The draft: Tormenting uncertainty. *Science,* 159(3812):256-259, 1968.**

The question of the draft as the source of uncertainty and anxiety is debated in the form of letters to the editor. While two authors agree that the present draft policy provokes anxiety and uncertainty in students, two others propose that this anxiety should be attributed to transition and adaptation. Another has proposed an outline for a draft lottery system which would be based on equity in the determination of callable individuals, maximum possible certainty for all our young men, and compensation and inducement for continued schooling for those who must live with uncertainty not of their making.

**391. Hauck, Paul A. Anger. In: Hauck, P., ed. *The Rational Management of Children.* New York: Libra, 1967. pp. 134-146.**

Anger is purely neurotic and not legitimate under any circumstances. It is a childish demand that life conform to one's desires, even when one's demands are altruistic. An angry child should be reminded that he will more easily correct a wrong if he avoids the intense emotion of anger. In teaching children to control hostility, the most persuasive argument used is pointing out the harm the child himself sustains when he seeks revenge. A case history is presented.

**392. Haynes, Stephen Neil. Application of operant feedback techniques in the control of diastolic blood pressure of essential hypertensives. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-17265 (HC, $10; MF, $4).**

The application of operant feedback techniques in the control of diastolic blood pressure (DBP) [illegible] hypertensives was examined. Each subject was exposed to stress and adaption periods before and after one of three treatment conditions: (1) augmented sensory feedback of DBP; (2) no feedback of DBP; or (3) noncontingent (random) feedback of DBP. Measures of skin conductance, heart rate, blood volume pulse, and blood volume were taken throughout the procedures. Results indicated that augmented sensory feedback was significantly more effective in lowering DBP than noncontingent feedback but was insignificantly different from no feedback. There was a tendency for effects to generalize to a stress situation and the effect was more pronounced for hypertensive patients than normotensive patients. Concurrent physiological indices remained unchanged and effectiveness of treatment was unrelated to any psychological trait measure. Effectiveness of DBP reduction as a function of augmented sensory feedback was related to DBP response to stress and vasodilation during treatment. (Journal abstract modified)

**393. Heath, Paul Allen. A comparative study in problem solving ability of a group of Negro and white children of average intelligence by socioeconomic level. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-12574 (HC, $10; MF, $4). 72 pp.**

The performances of three groups of children in a special, nonlanguage, multiple-choice problem solving box were compared. Second, third, and fourth graders, who were tested with the Stanford Binet Intelligence Test and scored in the IQ range of 95-105, were divided into the following groups: group 1, composed of normal subjects attending a lower socioeconomic level white school; group 2, composed of lower socioeconomic level Negro students; and group 3, composed of higher socioeconomic level white students. The following results were reported: (1) the problems which were solved and not solved by each subject; (2) the number of trials used for each problem by each subject; (3) the average number of problems solved with correct verbal generalizations for each problem for each subject; (4) the problems which were solved with a correct verbal generalization and problems solved without achieving a correct verbal generalization. The results revealed that no significant difference existed among the three cultural groups for any of 10 problems. The average number of problems solved by group 1 subjects was 6.92, by group 2 subjects was 6.71, and by group 3 subjects was 6.92. Chi-square values for all 10 problems revealed that no significant difference existed among the cultural groups for the number of problems passed-failed and for the number of problems passed-failed as to achieving the correct verbal generalization. The mean number of trials used to solve each of the problems did not show any significant difference at the 0.05 level when T-Test values were computed. (Journal abstract modified)

**394. Heisler, Verda.** ***A Handicapped Child in the Family.*** **New York: Grune and Stratton, 1972.**

Significant, yet common, crises and conflicts experienced by parents of handicapped children are considered, with emphasis on parents of cerebral palsied children. Discussion includes psychological adjustments of parents of handicapped children and handling such emotional concerns as conflict resolution, developing self-esteem in the child, and administering discipline. Numerous clinical illustrations are provided to assist parents who are adjusting to their child's handicap.

**395. Hellman, Ilse. Hampstead nursery follow-up studies.** ***Psychoanalytic Study of the Child,*** **17:159-167, 1962.**

A long-term followup study of a girl who entered the Hampstead Nursery under unusual and specially traumatic circumstances at the age of 2 focuses on the relationship of her personality at age 23 to this traumatic separation experience. The observational data was gathered in real-life situations by persons with whom the child had a relationship. The nursery was planned in a way to reduce as far as possible the ill effects of separation, and each child had a substitute mother on the staff. This girl had been left at the nursery on the spur of the moment as she and her mother were accompanying a friend who brought her child to the nursery. She took a long time to adapt to the nursery, and her development was arrested through her concentration on her longing, her disappointments, and her varying moods of stubbornness and depression. Although she was an illegitimate child, her relationship with her mother was quite favorable, and her development was above average.

**396. Henley, Arthur. Mental health in the community. *Mental Hygiene,* 52(2):244-249, 1968.**

Perhaps the most underestimated problem facing our society today is that of treatment for emotionally disturbed children. There is little doubt that the world of the adult does not represent a very happy picture. Unenlightened attitudes toward mental illness, rising suicide rates, addictions to alcohol and various drugs all point to an unwillingness and perhaps inability to cope with the stresses of modern society. The manifestations of a disturbed society as with a disturbed individual are best treated early in the progress of the disturbance. To this end it becomes urgent that we pay more attention to the emotional welfare of the young portion of our population. In this way we can hope to provide the future society with a more well-adjusted adult population. To accomplish this we must remove the stigma of mental illness and get people involved in helping people. Buildings and paper programs are not enough. 1 reference.

**397. Henrichs, Theodore F.; Mackenzie, James W.; and Almond, Carl H. Psychological adjustment and psychiatric complications following open heart surgery. *Journal of Nervous and Mental Disease,* 152(5):332-345, 1971.**

A consecutive series of 110 adult open heart surgical patients were evaluated to assess postoperative psychiatric complications. This evaluation included psychological, social, and medical factors in the preoperative and postoperative periods. Psychological factors were assessed with the Minnesota Multiphasic Personality Inventory (MMPI). Many of the predisposing and precipitating factors studied were found to be differentially contributory among subgroups of male and female patients. This suggested certain hypotheses concerning the interrelationships between psychological factors and the other factors which appear to play an important role in postoperative psychiatric complications. Male open heart surgery patients revealed a high rate of postoperative psychiatric complications. These were found to be related to age, type of surgical procedures, and a clinical picture characterized by depression, anxiety, and physical complaints. Female open heart surgery patients revealed a lower incidence of postoperative psychiatric complications than male patients. Their complications were found to be significantly associated with a history of family or marital problems, or problems requiring psychiatric care, and with a significant incidence of brain damage following surgery. Correlated psychological data indicated symptoms and complaints of depression, anger, interpersonal discord, and unusual or bizarre feelings and experiences. It was hypothesized that good psychological adjustment prior to surgery may preclude a postoperative reaction and/or make it easier for a person to accept and effectively adjust to disturbing emotional experiences following surgery whatever their etiology. 28 references.

**398. Henry, James P., and Cassel, John C. Psychosocial factors in essential hypertension. Recent epidemiologic and animal experimental evidence. *American Journal of Epidemiology,* 90(3):171-200, 1969.**

Recent developments in the epidemiology of essential hypertension permit more emphasis to be placed on the etiologic role of psychosocial stimulation and early experience. Evidence is presented suggesting that obesity and dietary factors such as salt or fat intake may not be as significant in explaining variations in blood pressure levels in different populations as is the organism's perception of events in the social environment. Animal and human studies are cited which indicate that repeated arousal of the defense alarm response may be one important mechanism involved. In man such arousal follows when previously socially sanctioned patterns of behavior, especially those to which the organism has become adapted during critical early learning periods, can no longer be used to express normal behavioral urges. Difficulties of adaptation, as when there is status ambiguity, may result in years of repeated arousals of vascular, autonomic, and hormonal function due to the perception of the organism of certain events as threatening. These, in turn, can lead to progressive and eventually irreversible disturbances, such as renal hypertension, heart failure, or cerebrovascular disease. 122 references. (Author abstract)

**399. Henry, James P.; Ely, Daniel L.; and Stephens, Patricia M. Mental factors and cardiovascular disease: Psychosocial factors facilitating and inhibiting the influence of the neuroendocrine alarm responses upon the course of cardiovascular disease. *Psychiatric Annals,* 2(7):25-55, 59-71, 1972.**

A study of mental factors and cardiovascular disease is presented. The alarm mechanisms of the hypothalamus are involved in the activation of both the sympathetic system and the classical Selyean adrenocortical response to psychic stimulation. Healthy colonies of mice were tagged magnetically to identify their location in complex population cages. They were shown to have ordered social patterns of behavior. Animals with deficient early experience were placed in cages designed to foment social disorder. An intense psychosocial stimulation followed which was induced by the violent social interaction. Such social disorder leads to an increase in the catecholamine-synthesizing enzymes and eventually to a sustained increase in blood pressure and to arteriosclerotic deterioration of the vascular bed. Studies of the epidemiology of human hypertension suggest that the rate of blood pressure rise with age may be an expression of chronic activation of the alarm responses. It is suggested that this activation follows a breakdown of the coping processes by which an ordered social group protects its individual members. In both animals and men, these coping processes are challenged by a disparity between the demands of the social milieu in adult life and expectations and skills gained during the organism's developmental stages. 72 references. (Author abstract)

**400. Henseler, Heinz. Arztliche sofortmassnahmen bei der psychischen betreuung von patienten nach selbstmordversuchen. [Medical emergency measures in the psychiatric management of suicidal patients.] *Medizinische Welt* (Stuttgart), 23(9):306-309, 1972.**

Emergency and followup treatment of depressed and suicidal patients and their psychiatric management is presented. Results of observations of 250 suicidal patients, as well as reports in the literature, reveal that exogenous causes for suicide attempts are very rare. About one-third of the successful suicide attempts are precipitated by endogenous psychoses (manic-depressive, schizophrenic diseases) and about 90 percent of the attempted suicides are the result of depressive reactions. The suicide attempt is practically always an actualization of a long-standing conflict. In addition to the diagnosis, the physician must differentiate between the serious suicidal attempt and the "demonstrative" attempt or cry for help. In a brief interview, the physician should try to discover his patient's mode of living, and to observe his verbal and nonverbal expressions. It is also important to find out whether previous suicidal attempts have been made. Treatment of the underlying illness should be the primary concern. 16 references.

**401. Heptinstall, John. Misfits in approved schools. *Community Schools Gazette*, 65(5):253-262, 1971.**

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Categories of misfits in approved training schools are described, based on experience at a British classifying center for special-school boys, and problems in managing such children are examined. These personality types include: (1) absconders, (2) subnormal children, (3) mental hospital cases, and (4) the psychiatrically disturbed. Problems involved in recommittals of such children, and the need for specialized training centers for some cases, are discussed, emphasizing the necessity for improved legislation to provide available resources to cope with the requirements of exceptionally difficult children of all types. At present, it is seen that the decline in the success rate of approved school training is reflected in the deteriorating situation within the schools. Society in general and special schools in particular should insist that they be given the appropriate intellectual, environmental, and staff resources to begin a more rigorous appraisal and treatment of children's problems.

**402. Heritage, Lena J. G. A study of selected factors and their effects on postdivorce adjustment. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-9076 (HC, $10; MF, $4). 146 pp.**

A study was made of possible differences between better adjusted and poorer adjusted divorced individuals by making group mean comparisons on the personality factors measured by the 16 personality factors (16 PF) and other selected variables. These variables included religious activity, presence of children from the marriage, length of marriage (10 years or longer), time since divorce (2 years or longer), frequency of contact with ex-spouse, and sex. Results showed that personality patterns as obtained from the administration of the 16 PF are influenced significantly by the six selected variables. These patterns varied according to the variable considered even though the groups were also partitioned by adjustment. The two factors most often contributing to significant differences between the better adjusted and poorer adjusted groups were factors O (apprehension) and Q (tenseness). Better adjusted groups were less apprehensive and less tense than poorer adjusted groups. Factor F (happy-go-lucky) was the third most frequent contributor to group discrimination with factors C (emotionally stable) and H (venturesome) next in frequency. Better adjusted groups tended to be more happy-go-lucky, more emotionally stable, and more venturesome than poorer adjusted groups. The results of this study seem to indicate that divorced persons should not be grouped in an all-inclusive category since there were significant differences between better adjusted and poorer adjusted groups. This implies that when dealing with a divorced person the focus should be on his adjustment and type of problem rather than a single emphasis on his present status, i.e., divorced. (Journal abstract modified)

**403. Hess, Robert D., and Minturn, Leigh. Authority, rules and aggression: A cross-national study of the socialization of children into compliance systems. *International Journal of Psychology* (Paris), 4(4):307-316, 1969.**

A research study was conducted focusing upon development of behavior that relates the child both to authority figures in the salient social systems about him and to rules and laws designed to govern behavior of members of the systems. The countries participating in the study were Denmark, Greece, India, Italy, Japan, and the United States. The compliance systems studied were: family; school; community or local government; national government; and religion. This approach uses the communality among several institutions which present to the child not only systematic public regulatory imperatives (rules and/or laws) but also authority figures who impose such regulations and exercise control in a less formal manner. Emphasis has been placed on those authority figures with whom the child has face-to-face contact. The term compliance refers not to acquiescent behavior but to complex response patterns the child develops in his attempt to deal with regulations and authority figures and yet respond with some degree of self-direction as a participating member of a system. Subjects were selected from grades 4, 6, and 8; 600 subjects from each participating country were selected from 2 socioeconomic levels on the basis of (1) father's occupation; and (2) place of residence in the city. Instruments were administered both individually (interviews only) and in groups (classrooms). The results are analyzed statistically. 31 references.

**404. Heymann, Karl. Bedrohte Reifung. [Endangered maturing.] *Psychologische Praxis* (Basel), No. 40:1-64, 1968.**

Patterns and forces which act upon the growing child in the age of modern technology are examined for their potential for harming or disrupting the process of maturation by weakening human relationships and general neglect—in the contemporary Swiss setting. The theme is presented in separate sections dealing with transition of critical phases; moral insanity or the reduction or low level of emotional development with normal intelligence; education against being truly human; reading disorders caused by teaching methods; "Saturday neurosis"; the effects of increased leisure time with the accompanying loss of warmth in the family; the yawning spiritual emptiness seen in students; the craving for food and appeasement of fear and "fulfillment" of emptiness by the stuffing with food; pseudointelligence produced by television, a

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response to which is likened to similar behavior in teaching mental retardates, that the stimulation of imagination is not creative but rather caused by fear; wolf children with particular mention of the 1940 discovery at Midnapore, India; Jean Itard's work with a wild child of 1799; and educational principles of Maria Montessori and Alcie Descoeudres and the so-called "School of Geneva"; escape from reality; and meaning and purpose of punishment related to penal psychology. Pertinent literature references are part of the text.

**405. Higgins, Jerry. The concept of process-reactive schizophrenia: Criteria and related research. *Journal of Nervous and Mental Disease*, 138(1):9-25, 1964.**

The concept of process-reactive schizophrenia was investigated in reference to criteria and related research. The process of schizophrenia may be characterized as having an early and insidious onset of psychosis with a relative absence of precipitating stress. The reactive schizophrenic has experienced a relatively rapid and stormy onset of psychosis, usually attributable to a realistic and significant stress situation. Although the evidence is far from unequivocal, it seems from studies in the areas of perception, cognition, motivation, learning and performance, language behavior, affective responsiveness, social adjustment, and early experience that process-reactive schizophrenia is a justifiable classificatory principle inasmuch as it focuses attention on significant parameters not considered in the Kraepelinian system. It was hypothesized that the process-reactive continuum is applicable to many diverse behavioral modes of coping with the stresses of everyday living, and as such is a potentially powerful developmental concept. 92 references. (Author abstract modified)

**406. Hill, Sylvia Ione Belton. Race, class and ethnic biases in research on school performance of low-income youth. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-8541, (HC, $10; MF, $4). 109 pp.**

The impact of explanations of the poor academic performance of low-income youth on research and its implications for educational practice and social policy were studied. The central question posed was: How is it that a social science discipline, initiated in a most objective fashion, ends up with practices that perpetuate the race, class, and ethnic biases of a society? Principle foci were: (1) What is actually being researched; (2) what is being conveyed to the reader; and (3) how does this fit into a scheme for social change? The conceptual framework proposed that the literature represents the following conceptual models for explaining the causes of poor academic performance: (1) the clinical perspective, in which it is a

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function of cognitive personality, or cultural deficiencies in the child or his environment; (2) the structural approach which assumes that there are specific peripheral defects in the nature and organization of school processes; and (3) the systematic perspective which proposes that there are pervasive structural defects in the schooling process which restrict a youth's option to attain cultural carrying competence, world of work competence, political competence, and intra/interpersonal competence. A content analysis was performed on 71 research articles to investigate researchers' assumptions and conclusions on the subject. Findings were consistent with the hypotheses of the investigation. The vast majority of research in the schooling of the disadvantaged was predicated on a clinical perspective. Implications of the findings for improving schooling of such children are discussed. (Journal abstract modified)

**407. Hillenbrand, Elizabeth D. Father absence in military families. *Family Coordinator,* 25(4):451-458, 1976.**

To examine the effect of father absence in military families, a sample of 73 boys and 53 girls in the sixth grade of a school for military dependents were assessed on intelligence, classroom behavior, parental dominance, parental identification, and family constellation. It was hypothesized that paternal absence relates to increased maternal dominance, which in turn is related to identification difficulties in boys manifested by aggressiveness, dependency, and verbal ability higher than mathematical ability. Birth order and number and sex of siblings were also assessed. In firstborn boys, cumulative father absence related significantly to enhanced quantitative ability and perception of the mother as the dominant parent. For boys with older siblings, early beginning absence related to increased aggression and dependency, but absence did not relate to quantitative ability or maternal dominance. In girls, earlier beginning absence was related to decreased quantitative ability. Differences in how children cope with stress are discussed. 42 references. (Author abstract)

**408. Hitchcock, J. Suicide prevention: The need for consultation rather than substitution. In: *Summaries Vol. I: 3rd International Congress of Social Psychiatry.* Zagreb: September 21-27, 1970. p. 43.**

Suicide prevention centers contribute in two important ways to the ability to deal with the problem of suicide: (1) increased attention to the self-destructive person (or an effort to diminish his and others' denial of the self-destructive tendency and its consequences); and (2) increased availability of helping persons. However, it would appear that suicide prevention centers are not reaching the populations at the rate that one would wish, and that they are very much involved with crisis intervention, counseling, social casework, and other roles long carried out by existing agencies, institutions, and informal caregivers. Also, it might be supposed that the creation of a suicide prevention center in a community would result in a further decrease by other caregivers in willingness to get involved with self-destructive behavior. By providing the specialized services, one is in fact reducing the overall capability of the community to develop its own effective means of dealing with self-destructive behavior. It is suggested that the emphasis be placed not on the development of specialized suicide prevention centers, but on program planning and education of institutions and persons concerned with human behavior generally, particularly health institutions, religious institutions, and police. (Journal abstract modified)

**409. Hitchcock, John, and Wolford, Jack A. Alternatives to the suicide prevention approach to mental health.** ***Archives of General Psychiatry*, 22(6):547-549, 1970.**

Suicide prevention centers may be useful in providing a crisis-type intervention service. Indeed, many people calling a suicide prevention center are only magnifying one aspect of their case to receive treatment for their other problems, such as alcoholism, obesity, drug use, or even school or work performance. However, the community mental health effort should incorporate broad principles and approaches, of which suicide prevention should be only a part. Prevention, in most centers, is at the secondary level. The focus is on problems that have already developed to the point where they represent an illness. The emergency center, with its broad service capabilities and its unique position with regard to data collection, should develop programs in primary prevention tailored to the specific populations served. The role of the mental health professional as a consultant should be emphasized. The person in a crisis situation may appropriately seek assistance from the pharmacist, the clergyman, the teacher, or the policeman. The mental health consultant can extend the capabilities of these caregivers, as well as provide more specific psychiatric backup when indicated. 15 references.

**410. Hobson, G. N. Effects of UCS adaptation upon conditioning in low and high anxiety men and women.** ***Journal of Experimental Psychology*, 76(3, part 1):360-363, 1968.**

The study investigated the effects of 3 levels of adaptation (UCS-alone trials) for high- and low-anxiety college men (N = 48) and women (N = 48) in an eyeblink-conditioning experiment, conducted under conditions which, according to K. W. Spence and J. A. Spence would predictably not favor differential performance. The effects of anxiety and of adaptation upon CR acquisition were found to be similar, independent, and significant. Neither sex differences nor interactions among the main effects were significant. It is concluded that while the generality of K. W. Spence's theory of emotionally based drive was supported, deliberate production of s apprehension is not necessary to obtain conditioning performance differences. (Copyright 1968, the American Psychological Association, Inc.)

**411. Hocking, F. H. Stress and psychiatry. *Medical Journal of Australia* (Sydney), 2(17):837-840, 1971.**

The knowledge of human reactions to stress and its durative effects was submerged for awhile by the rigid belief that constitutional factors were dominant in the development of psychological disorders and by the equally narrow approach which presumed that stress was significant only if it occurred in early childhood. In addition to psychological stress, undernutrition and various abnormalities of sensory input are two types of important biological stress. On the assumption that adaptation to stress is an inherited variable, it is feasible that stress is a cumulative process and that each stressful experience takes the individual closer to the limit of his stress tolerance. However, when stress is extreme and prolonged, an almost universal reaction of apathetic depression appears to exist, even though this reaction may be modified by prolonged exposure to terrifying situations. Thus, an overlay of fears persists as a conditioned response. 36 references.

**412. Hodges, Walter L. Division 16: Changing children's behavior. In: *Proceedings of the 76th Annual Convention of the American Psychological Association, 1968.* Vol. III. Washington, D.C.: American Psychological Association, 1968.**

The following papers on changing children's behavior are presented in division 16: Ruth Dianne Rice, Educo-therapy: A new approach to delinquent behavior; Paul S. Graubard, Use of indigenous grouping as the reinforcing agent in teaching disturbed delinquents to learn; Robert Cohan and Sanford J. Dean, Group desensitization of test anxiety; Vytas Cernius, Effects of two different types of reinforcers on conceptual thinking among lower-class boys: A developmental study; Dean L. Stoffer, Investigation of therapeutic success as a function of genuineness, nonpossessive warmth, empathic understanding, and dogmatism in the helping person; and Karen B. Blakely, Needs of culturally disadvantaged

Negro students vis-a-vis the counseling services of the pupil personnel program.

**413. Hoefer, G. When epileptic seizures occur on the job. *Epilepsia* (Amsterdam), 13:481, 1972.**

At the annual meeting of the German, Swiss, and Austrian sections of the International League Against Epilepsy, epileptic seizures which occur on the job were discussed. An example is given which illustrates the interdependence of factors determining the psychosocial situation of an epileptic patient. Seizures on the job seem to be a special expression of pathogenetic tendencies, a symptom of convulsive disorder as well as a threat to the social relations of the patient. The results of an analysis can be used to correct the therapeutic strategy; perhaps diagnostic or therapeutic means must be completed. In some cases a vocational program should be introduced. It is necessary to pay attention to the individual effects of those seizures in relation to the patient as well as to his neighbors. The industrial medical services must check on special risks to epileptic employees and sometimes assist the staff in adjusting the jobs appropriately. Details of labor and social legislation as it affects this group of persons are discussed. The report is centered on psychosocial questions. Employees suffering from seizures are often victims of public contempt; they have to be the scapegoats of their work groups. Finally problems of the individual psychology of these people are debated. Some illustrations demonstrate characteristic modifications of their objects relations as well as specific biographic details. (Author abstract)

**414. Hoewischer, Harry Eugene. A study of adolescent anxiety measured by selected scores of the MMPI utilized as a predictive factor in predetermining college dropouts. Dissertation Abstracts International. Ann Arbor, Mich: University Microfilms, No. 72-24,052 (HC, $10; MF, $4). 43 pp.**

The effects of adolescent anxiety as measured by the Minnesota Multiphasic Personality Inventory (MMPI) on the academic performance of college males were investigated. The 630 ss entered Regis College (Denver) either in 1965, 1966, or 1967, and took the MMPI at the time of matriculation. A followup study of college records was made in 1971 and showed the following academic status: (1) 298 ss graduated; (2) 201 ss still in Regis or transferred; and (3) 131 ss failed and left college. Two sets of anxiety measures were used: scales A and R, and the anxiety index (AI) and the internalization ratio (IR). The three groups were studied to determine whether or not they differed significantly from each other when compared in terms of the two sets of variables. Two successive multiple discriminant analyses were performed. No significant differences are found among the three groups when scales A and R are compared or when AI and IR are compared together. A careful inspection of the data seems to warrant some cautious consideration of the univariate tests of significance for the individual variables since such consideration tends to indicate one interesting trend in data. The univariate F-test for scale R is significant at the 0.05 level. This suggests the possibility that inadequate coping abilities for handling anxiety may be more important in determining adolescent academic function in college males than the actual levels of anxiety which are experienced. (Journal abstract modified)

**415. Hoffman, Irwin, and Futterman, Edward H. Coping with waiting: Psychiatric intervention and study in the waiting room of a pediatric oncology clinic. *Comprehensive Psychiatry,* 12(1):67-81, 1971.**

A program designed to assist a fatally ill child and his family to cope with the adaptational tasks confronting them is described. The program of intervention involving the introduction of a play group and two therapists into an outpatient clinic waiting room was designed to make the milieu more conducive to active coping with the task of anticipatory mourning, the task of maintaining a sense of mastery of dealing with helplessness, guilt and anger, the child's task of maintaining the integrity of his identity, and the family's task of maintaining its integrity and cohesiveness. Whereas the preintervention milieu was one of relatively uniform passivity, isolation, and depression, the postintervention milieu became one of varied activity, social interaction, and affect. A descriptive survey of coping strategies in the postintervention milieu is presented. The extent to which improved coping in the waiting room is associated with the long-term adaptation of families to the fatal illness is undetermined. It is hypothesized that such a relationship exists, given the representativeness of issues arising in the waiting room along with the regularity of clinic visits by children with leukemia and other malignancies. 34 references. (Author abstract modified)

**416. Hollender, Marc H. Women's coital fantasies. *Medical Aspects of Human Sexuality,* 4(2):63, 65, 68-70, 1970.**

Fantasies by a woman during intercourse are common and serve many purposes in mental health; by doing so, she may be able to control herself, avoid unresponsive behavior, and avoid anxiety or panic. The data for this conclusion have been gathered from patients in psychotherapy. To derive satisfaction, the nature of the act occurring in her imagination must be constant with her childhood notion of what was sexually exciting. Adaptations through fantasy help preserve the self-esteem of the husband and help preserve a harmonious marriage. The use of fantasies may be regarded as a developmental stage, much as a transitory homosexual attachment or relationship is a developmental stage for the adolescent. When the regular use of coital fantasies persists for many years, other than under circumstances similar to what happens with an alcoholic husband, it is likely to be a manifestation of a woman's profound difficulty in forming deep relationships with a man. Coital fantasies essentially serve to convert a two-person situation into a solo performance, or masturbation, in an emotional sense. 5 references.

**417. Horton, Lois E. Generalization of aggressive behavior in adolescent delinquent boys. *Journal of Applied Behavior Analysis*, 3(3):205-211, 1970.**

The generalization of conditioned aggressive and nonaggressive responses in a group of six adolescent delinquent boys was investigated. Responses were reinforced in card games where a token reinforcement system with money as a backup reinforcer was used. Conditioning of responses was rapid. Generalization, measured in terms of frequency of physical contact, was tested in a group game for which no reinforcement was given. Generalization occurred during aggressive contingencies. During nonaggressive contingencies, responses did not return completely to the baseline level. Aggressive responding can be a learned behavior that can be modified by operant conditioning procedures. 11 references. (Author abstract modified)

**418. Houston, B. Kent. Trait and situational denial and performance under stress. *Journal of Personality and Social Psychology*, 18(3):289-293, 1971.**

The relations between performance on a digits-backward task under stress—(1) general disposition to deny threat (trait denial), and (2) specific use of denial in the stressful situation (situational denial)—were investigated. Trait denial was measured by scores on the Little and Fisher Denial Scale, adjusted for anxiety level. Subjects high in trait denial performed better under stress but worse in the absence of stress than subjects low in trait denial. Situational denial was defined by the difference between affective response and physiological reaction to stress. Subjects high in situational denial performed significantly better under stress than subjects low in situational denial. Situational denial was more highly related to performance under stress than was trait denial. 18 references. (Author abstract)

**419. Hunt, J. McV. Parent and child centers: Their basis in the behavioral and educational sciences. *American Journal of Orthopsychiatry*, 41(1):13-38, 1971.**

The roles of parent and child centers are discussed, with focus on their basis in the behavioral and educational sciences. It is noted that intervention aimed at teaching mothers of poverty greater skills in child rearing can achieve not only gains in the measured competence of their children, but enrich the lives of the parents as well. Evidence from the behavioral and educational sciences is cited to support belief (1) in the plasticity of behavioral development; (2) that a mutual interrelationship exists between lack of competence and poverty; (3) that competence does not develop automatically in genotypes of even the highest potential; and (4) that parents of poverty can be taught to become effective teachers of their young. 94 references. (Journal abstract modified)

**420. Husslein, H. Hormontherapie im Klimakterium. [Hormone therapy during the climacterium.] *Wiener Medizinische Wochenschrift* (Wien), 121(12):211-216, 1971.**

To understand the climacteric vegetative syndrome properly, the endocrine, vegetative, and psychic systems must be taken into account. Changes in the endocrine system begin with the production of follicular hormone in the ovary, and the decreased estrogen content leads to an outpouring of gonadotropin, which the altered ovary can no longer handle. Repercussions of this imbalance affect other organs (pituitary, midbrain). However, the climacterium is not solely due to an ovary which no longer functions, but may also be a result of decreased impulses from the sexual center in the tuber cinereum striking the ovary. The situation during the climacterium is that of constantly changing processes of stress and compensation in the vegetative system. Changes in mood and drive, and occasionally in personality, accompany most of the changes during the climacterium. Some of the more serious developments due to the personality changes may lead to psychoses and this situation is attributed to (in women) loss of procreative ability, loss of sexual attraction, and anxiety. The effect of estrogen therapy is considered beneficial but it must be borne in mind that it treats the symptoms only from the somatic viewpoint. As a prophylactic measure it is also recommended.

**421. Hutt, S. J. The role of behaviour studies in psychiatry: An ethological viewpoint. In: Hutt, S., ed. *Behaviour Studies in Psychiatry*. Oxford: Pergamon Press, 1970. pp. 1-23.**

An ethological viewpoint is presented concerning the role of behavior studies in psychiatry. It is felt that psychiatry is concerned with the adaptation of people to their natural habitat. It, therefore, demands accurate measurement and analysis of the behavior of individuals in their natural surroundings. In general, psychologists have not greatly concerned themselves with providing such measurements, but have concentrated, quite legitimately, upon psychometrics and laboratory experiments. Ethologists always begin their studies of animals by watching them in their natural surroundings. Ethological techniques may therefore provide a valuable adjunct to those of the psychologist and clinician in studying the behavior of psychiatric patients. Ethology, however, is not merely a matter of techniques; it is more importantly, a particular type of approach to the study of behavior. There are four main questions with which ethology, the biological study of behavior, is especially concerned: (1) the cause of this behavior; (2) its function; (3) how it has evolved; and (4) how it has developed in the life history of the individual. Such questions suggest that a broader based line of inquiry than has hitherto been prevalent in psychiatry may be fruitful. 60 references. (Author abstract modified)

**422. Ida, Akira. The influence of child training on children's personality. *Seishonen Mondai* (Tokyo), 16(1):32-35, 1969.**

The close relationship between children's personality and discipline is discussed. Psychoanalysts regard the method of nursing children as the most important factor for developing the child's personality. This close relationship between the way of nursing and personality was also revealed by cultural anthropologists. Various child-mother relationships and projected development of healthy or unstable children are reviewed. The necessity for a mother to be faithful, loving, and empathetic with the children's feeling, and interested in the children's development and activities, is stressed.

**423. Ikeda, Tsuguo. *Project Follow-Up Summary: Effectiveness of Social Work with Acting-Out Youth.* Seattle: United Good Neighbor Fund, Methodist Board of Missions.**

The purpose of this project, involving a series of studies using the Atlantic Street Center Recording System, was to evaluate the impact of community treatment on the acting-out behavior of an experimental group of 54 seventh-grade boys from the "high-risk" population in central Seattle as compared to 54-plus boys assigned to control groups. Comparison of the experimental group to the control group over the preservice and 2-year-service period of the test phase has indicated that there is essentially no difference in the frequency of school disciplinary contacts, that there is a trend favoring a reduction in the severity of the type of school disciplinary contacts for the experimentals, and that by the end of the project there was a significant difference in the average severity of disciplinary contacts for the experimental group as a whole in the school environment. A short questionnaire given to teachers in the two schools indicated lack of awareness of those boys who had been selected and participated in the experimental program. Therefore this difference in the average severity of disciplinary contacts cannot be credited to favorable labeling on the part of teachers. Supported by the investigation was the hypothesis that the treatment did significantly reduce the acting-out behavior of those experimental boys who were predicted to be high in acting-out behavior by the sixth-grade teachers, in comparison to their control counterparts. The differential impact of treatment on those manifesting antisocial behavior is suggested. Each social worker was assigned two groups to employ group work, casework, and community organization methodologies in the attempt to intervene aggressively in a "client system," i.e., in his social functioning as he interacts within the social structure, plus tutorial services, house repairs, medical and dental services, employment, food, clothing, and budgeting services. Publications resulting from this project include: Who Defines Delinquency: A Comparison of Self-Reported and Officially-Reported Indices of Delinquency for Three Social Groups; Teacher's Predictions as an Indication of Differential Impact; High Risk Population Selection: Description and Evaluation; and The Execution and Evaluation of a Delinquency Preventive Program.

**424. Indik, Bernard P. Relationship between job-related stress and strain in industrial workers. *Journal of Industrial Psychology*, 2(1):22-27, 1964.**

The relationship between job-related stress and strain in industrial workers was investigated. Data were obtained from over 8,000 employees from over 60 locations of a large nationwide food products manufacturing and distributing organization. From this population, 6,737 individuals were selected to participate in the study since they could be identified as belonging to specifiable work groups. Data were obtained by the use of a questionnaire. Forty questions were used to form 6 indices: 15 of these items measured job-related stress which was divided into three areas: incompatibility between job demands and the individual's resources for coping with such demands; conflict or ambiguity in role definition; and work overload; 4 questions measured off-the-job stress; 16 questions measured psychosomatic strain symptoms; 1 of these items measured importance of the job; 2 of these questions measured supervisory supportiveness; and 2 measured supportiveness of home environment. The assumption underlying this study was

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that individuals under high job-related stress would have high strain symptom rates, while those with low stress would have low strain rates. However, this relationship would initially not be extremely strong. The expectation was that high job-related stress might not necessarily result in high strain symptom rates. The results supported the expectation. The following correlations were observed: job related stress-strain; off-the-job stress-strain; and job-related stress-off-the-job stress. Where both forms of stress were high, the highest strain rate resulted. Where both forms of stress were low, the lowest strain rate resulted. The high job-related stress individuals who had low off-the-job stress showed higher strain rates on the average than did the individuals who were high on off-the-job stress and low on job-related stress.

**425. Indik, Bernard; Seashore, Stanley E.; and Slesinger, Jonathan. Demographic correlates of psychological strain. *Journal of Abnormal and Social Psychology*, 69(1):26-38, 1964.**

The demographic correlates of psychological strain were studied. The data were obtained in connection with a firm wide questionnaire survey in a large, multiplant food products manufacturing and sales firm. Checklist questionnaires were completed in the presence of survey research center representatives with respondent anonymity assured. Usable questionnaires were obtained from over 8,234 respondents, 91 percent of those eligible. Age, sex, and education appeared to be about equally strongly related to the variations in psychological strain, and all were considered in estimating the expected strain level for a particular subpopulation. There were no generalizations about relationships between the demographic variables and the strain indices that held for all subcategories of the population. Job-related strain was generally lower among older people. Economic strain peaked in the 20-39 age range for most of the population, thus showing an inverted-U function. Psychosomatic symptoms were fewer among older people generally, although among those with college education or advanced degrees, this trend was absent. Job-related strain was higher among males than females in virtually all age and educational subgroups. Economic strain showed no consistent relationship to sex. Job-related strain showed no general trend in relation to education. Economic strain declined generally in relation to education, except in the case of the very young (under 20 years) and the very old (over 60 years). Psychosomatic symptoms were generally lower among the more educated people, but this relationship was indeterminate among those under 20 and absent among those over 50 years of age. 7 references.

**426. Ingiulla, W.; Adezati, L.; Forleo, R.; and Ingrassia, F. Menopausa e climaterio maschile. Alcuni aspetti di fisiologia e di clinica. [Menopause and male climacteric: Some physiological and clinical aspects.]** ***Giornale di Gerontologia*** **(Firenze), 35(Suppl. 1):5-60, 1966.**

A discussion of the physiological parameters observable in men and women at the climacteric is presented. Menopause in women involves the cessation of ovulation, causing a series of neurohormonal alterations. The diencephalic structures which create the modulated rhythm of gonadotropic incretions abruptly cease this function, and the pituitary-ovaric equilibrium has to readjust itself on new levels, typically characterized by the absence of all modulated rhythm. In men, however, the function of spermatogenesis is influenced only to a small extent by pituitary hormones, which serve only to create an adequate environment of general trophism by the endocrinological stimulation of the gonads. Consequently spermatogenesis, and therefore male fertility, is preserved well after the so-called andropause. In women, therefore, menopause causes primarily a loss of rhythm in steroid biosynthesis, while in men there is only a gradual, continuous fall in testosterone biosynthesis and never a sudden drop from the hormonological standpoint. It is stated that the climacteric cannot be shown to cause any loss of affective sexuality or of sexual interest by means of a physiologic mechanism. Decline in sexuality with age is attributed, not to any organic debility, but to psychological indisposition. Discussing the effect of senescence on the cognitive powers, it is asserted that despite the demonstrable loss of neurones and the shrinking of the cerebral mass with age, the evidence is that intellectual and creative faculties do not undergo an abrupt decline in the postclimacteric period. A more important factor is the possibility of the socially conditioned negative effect which passing the climacteric may have on a person's self-image and self-confidence. 106 references. (Author abstract modified)

**427. Insko, W. Robert. Developing family actualization: The Frankfort Project.** ***Family Coordinator,*** **20(1):17-22, 1971.**

An experimental approach in developing family actualization with particular emphasis on the area of interpersonal competence, based on workshops conducted in Frankfort, Kentucky, is described. Objectives were: (1) to help parents improve their understanding of the development of children; (2) to help parents actualize their own human potential; (3) to help parents work creatively on their marital relationships; and (4) to assist parents in planning for homework on concerns of their particular family. The participants were involved in preplanning and in writing session designs for the workshop. Each couple formulated a plan to use in their family. Methods of working included discussion by large and small groups and lectures by various specialists. Attitudinal changes, assessed by the administration of the personality orientation inventory at the beginning and end of the program, and evaluative reports from participants indicated that there was a positive change in parental attitudes toward child rearing and that the experience was considered rewarding. 6 references.

**428. Ira, Gordon H., Jr.; Whalen, Robert E.; and Bogdonoff, Morton D. Heart rate changes in physicians during daily "stressful" tasks. *Journal of Psychosomatic Research* (London), 7:147-150, 1963.**

Heart rate changes were investigated in physicians during daily "stressful" tasks. The subjects were physicians working in the medical center. Three situations were chosen that were considered stressful: (1) the mid-day staff conference during which patient history presentations and discussion were conducted; (2) medical student presentations of patient examinations during attending staff ward rounds; and (3) diagnostic cardiac catheterization in the cardiac catheter laboratory. Heart rate was constantly recorded by the method of radiotelemetry of the electrocardiogram. The mean heart rate during noon conference presentation was 115, with a mean peak of 138. The mean rate prior to presentation was 100 and the mean rate after presentation was 85. The mean rate during cardiac catheterization was 104, with a mean high of 125 and a mean low of 78. The mean heart rate during ward rounds presentation was 97, with a peak of 145 and a low of 59. The peak changes were most often of short duration, but in some individuals sustained levels of tachycardia persisted throughout several minutes to over an hour of observation. Urinary catecholamine excretion rates were also measured during the performance of cardiac catheterizations and significant increases in adrenaline excretion were observed in association with the prolonged tachycardia. 3 references. (Author abstract modified)

**429. Irro, Franz, and Rodszus, Rudi. Die vorbeugung der jugendkriminalitat erfordert die konsequente bekampfung der fruhformen von fehlentwicklungen und verhaltensstorungen der kinder und jugendlichen. [Prevention of juvenile criminality requires thorough treatment of early anomalies in the development and behavior of children and adolescents.] *Staat und Recht* (Koln), 21(1):67-79, 1972.**

In a discussion about the prevention of juvenile delinquency, it is suggested that since the child's initial experience in interpersonal relations determines his personality, social intervention should be aimed at the earliest signs of abnormal development or behavior.

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The environment affects the child negatively when parents display hostility against each other or against the child, when parents fail to instill social values in their progeny, or when playmates encourage antisocial behavior. The emotional poverty of the home prevents the development of altruism in children. Adolescent criminals as a rule are unaffected by the plight of their victims or by the hardships of prison life. The effectiveness of social measures for the prevention of juvenile criminality depends on timely recognition of anomalies. Social intervention must begin at the time of pregnancy through agencies responsible for parental counseling. Contacts with mothers before and after parturition, in the clinic or at home, can disclose deleterious lifestyles. Annual physical examinations required by law offer opportunities for the diagnosis of abnormal personality development in preschool-age children. Thus an unbroken chain of contacts between gestation and school permits observation and intervention on behalf of social hygiene. Close coordination between social agencies guarantees optimal exploitation of resources and affective neutralization of negative tendencies. 29 references.

**430. Irwin, Jack M. The institutional child—methods of psychological help. *Insight*, 5(4):45-50, 1967.**

The author describes methods of therapy for meeting the basic psychological needs of institutionalized children aged 4-15 who are within the normal intelligence range, from the middle- or lower-class, generally of the same religious faith, and with at least one living parent. Such children show an inability to relate successfully to others, to give up the past, and to look forward to a life meaningfully whole. They can be helped in many ways, conjointly with and independent from conventional psychological approaches. The personal qualities of the therapist can greatly affect interaction with the child, who learns to react productively to an individual who embodies some of the chief threats to him: size; strength; authority. Play-acting, as a practice session in the adult world, is especially valuable in the middle childhood years in helping to counter the resistance to growing up. The learning experience, with its tutor-student relationship, helps the child bring to light through comparison some of his fundamental assumptions. It also provides a chance for the older child, through teaching a younger one, to (1) learn his own intellectual strengths, (2) empathize with another learner, (3) increase his understanding, (4) make the pupil, not the teacher, the main object of concern, and (5) learn self-control by disciplining another. As a safeguard, the student-teacher is forewarned that his efforts could encounter resistance and that he is not the real agent of change; parallels with his own life are drawn. 6 references.

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**431. Ito, Ryuji. Some problems on guidance course in the school for mentally retarded children.** ***Japanese Journal for the Scientific Study of Mental Deficiency*** **(Saitama), 5(1,2):13-20, 1971.**

Curriculum changes in a school for mentally retarded children are discussed. In 1971, the Ministry of Education revised the standard curriculum to be more responsive to the needs of mentally retarded children. The revision includes a guidance course or social studies course for training children to acquire personal, social, and occupational abilities through daily activities. The educator who teaches and trains the children in the new guidance course is expected to develop the child's emotional security, independence, social competence, and occupational competence. 16 references. (Author abstract modified)

**432. Jacobs, M.A.; Spilken, A.; and Norman, M. Relationship of life change, maladaptive aggression, and upper respiratory infection in male college students.** ***Psychiatry Digest,*** **30(10): 40, 1969.**

An abstract of the article appearing in *Psychosomatic Medicine,* 31:31-44, 1969, is presented. This investigation hypothesized that development of serious upper respiratory infection (URI) is antedated by a maladaptive reaction to a distressing life conflict. The clinical subjects were 29 male undergraduates who were diagnosed independently by 2 internists as having serious infectious respiratory illness. Control subjects were 29 comparable male students, selected at random. Subjects were observed over a 1-month period immediately following diagnosis for the URI subjects. A standardized Index of Life Change (LCI) was administered to each subject at the start of the study, presenting a series of important pressures and conflicts with instructions that the subject indicate which ones he had personally experienced during the year. Measures of character style, coping mechanisms, and affect were also administered to each subject in a standard sequence. Results support the assumption that the development of a serious URI is associated with unresolved distressing life change, maladaptive coping mechanisms, and unpleasant affect. Feelings of helplessness, failure, and social isolation are seen as most likely to antedate serious URI in male college students. The illness may be seen as a temporary escape from unpleasant life circumstances. (Journal abstract modified)

**433. Jacobs, Martin A.; Spilken, Aron Z.; Norman, Martin M.; and Anderson, Luleen S. Patterns of maladaption and respiratory illness.** ***Journal of Psychosomatic Research*** **(London), 15(1):63-72, 1971.**

It has appeared, from earlier studies, that individuals who develop respiratory illness may also evidence maladaptive coping. To investigate patterns of maladaption as related to respiratory illness, the styles of coping were compared among groups of male college students who sought treatment for respiratory disorders and psychiatric complaints, and those free of symptoms. The treatment-seeking behavior was found to be repetitious. Controls continued to remain healthy (not seek clinic care). Questionnaires and projective techniques administered to the 179 subjects showed both style and intensity of maladaptive coping to differentiate the groups. Subjects with upper respiratory infections and asthma were characterized by angry-defiant coping similar in style and approaching the intensity of the neurotics. Hay fever subjects scored highest on the measures of compliance, differing from the other clinical groups in this respect. Habitual and excessive defiance was shown to be associated with a higher incidence of life events of disappointment and failure and greater manifest distress. Compliance showed a negative relationship with life crises and was unrelated to unpleasant affect. Characterologic defiance seemed related to the specific hit-and-run request for treatment in the clinical groups, suggesting a distrust of closeness and long-term commitment. 22 references. (Author abstract modified)

**434. Jacobs, Martin A., and Spilken, Aron Z. Personality patterns associated with heavy cigarette smoking in male college students. *Journal of Consulting and Clinical Psychology*, 37(3):428-432, 1971.**

Male heavy cigarette smokers were hypothesized to evidence (1) personality traits of defiance, impulsivity, and danger seeking; (2) oral preoccupations; (3) manifest distress; and (4) perception of having experienced minimal warmth, protection, and affection while growing up. Both self-rating scales and projective techniques were utilized to test the assumptions. On all measures, the heavy smokers scored significantly higher than did the nonsmokers. These results were interpreted as support for the view that although people smoke for a variety of reasons, the habituated or addicted smoker often engages in the practice as an extension of his personal style and utilizes it to deal with characterologic as well as situational aspects of his life which may engender tension, irritation, or boredom. 15 references. (Author abstract)

**435. Jacobson, Edith. The self and the object world: Vicissitudes of their infantile cathexes and their influence on ideational and affective development. *Psychoanalytic Study of the Child*, 9:117-126, 1954.**

The integration of the superego and superego identifications are examined in a discussion of the self and the object world. Superego formation is regarded as the development of momentous, comprehensive reaction formations to the child's Oedipal and narcissistic strivings, to his sexual desires as well as to his destructive impulses. It represents a compromise in every direction. The Oedipal conflict has been resolved, the ambivalence struggle has subsided, but their vestiges reappear and continue in the conflicts between ego and superego. The final maturation of both the ego and the superego sets in only after the tempest of instinctual conflicts during adolescence has subsided. 31 references.

**436. Jacobson, Edith. Development of the wish for a child in boys. *Psychoanalytic Study of the Child*, 5:139-145, 1950.**

The development of the wish for child in boys is traced through early childhood and adolescence. In both girls and boys, wishful thinking about a baby arises very early during the pre-Oedipal stage of development, but it is only during the Oedipal stage that differences develop. The boy's successful advance to Oedipal fantasies about a child from his mother and his renunciation of feminine pregnancy and child wishes are a prerequisite for a normal development of man's desire for children and for his future attitude to his children. Two major infantile experiences seem to be the greatest influences on outcome: the castration threat and the birth of a younger child. Attitudes, both normal and pathological, in late adolescence, in marriage, and during the wife's pregnancy are described. The success of the step from man's wish for a child to his object relationships with his children depends largely on his past history, mainly on successful identification with his father and on the mastery of rivalry conflict with his siblings.

**437. Jacobson, Edith. Adolescent moods and the remodeling of psychotic structures in adolescence. *Psychoanalytic Study of the Child*, 16:164-170, 1961.**

A discussion is presented on adolescent moods and the remodeling of psychic structures, stressing the basic emotional problems facing the adolescent and the need for further insight into the confusing manifestations and symptomatology of this key phase in personality development. The transition from childhood to adulthood necessitates a complete reorientation, leading to structural and energic transformations, to economic cathectic redistributions, and to a drastic overhauling of the entire psychic organization. The influence of these processes upon the infantile object relations and identifications is emphasized, since their vicissitudes find a reflection in the adolescent's states of mood. Superego formation assists the child in the solution of his Oedipal conflicts, but in the adolescent no new psychic system arises from his efforts to break away from his infantile love objects. However, his struggles for maturity and final liberation from family bonds finds support from remarkable modifications and new structure formations developing in his superego and ego.

**438. Jamuar, K. K. Study habits and some personality variables. *Psychological Studies*, 14(2):100-103, 1969.**

The possible relationship between personality and study habits of university students was investigated at Patna University in India. Since no study habits inventory constructed in the West was considered acceptable, the author prepared his own. This inventory takes into account such factors as: concentration habits; note taking; time budgeting; and social relationship. To obtain other correlative data, three other tests were used. These included: (1) Hindi form of Bell Personality Adjustment Inventory; (2) Hindi form of Neymann Kohlstedt Extraversion-Introversion Test; and (3) a checklist of trait descriptive adjectives. A sample of 158 undergraduate students was selected and given the test in small groups over several days. The results of the tests are compared with similar tests conducted by Tresselt, and by Krishnan, Robinson, Jackson, and Valdina. Results suggest that students with negative study habits were less objective and realistic. It was concluded that study habits are related to the student's personality adjustment, and home, health, social, and emotional adjustments, but not to any degree of introversion or extraversion. 7 references.

**439. Janeczko, Roman, and Szymanska-Jagiello, Wanda. Struktura spoleczna grup nieformalnych w sali szpitalnej przeznaczonej dla dzieci chorych na choroby reumatyczne. [Social structure of hospitalized groups in the rooms for rheumatic children.] *Szkola Specjalna* (Warszawa), 31(4):315-337, 1970.**

The social structure of hospitalized rheumatic children is discussed in terms of the conflict between the child's social role before and after illness and hospitalization. The internal and external causes of changes in the sick child's needs and social relations and the role of group character in adaptation to new life conditions in education and therapy are considered. In a group of children aged 6 to 15 years confined in the same room, it was found that sociometric positions were higher among older children; higher among those hospitalized once or twice, still higher among nonhospitalized children, and highest among those hospitalized 3 or 4 times; and lower in proportion to health worsening. The sociometric position increases with the number of successive stays at the same hospital and does not diminish until the fifth stay. In regard to state of health, those with average health have the highest social position. The dynamics of the adaptation in the group of hospitalized children is shown by distinguishing four successive phases in this process. A detailed description of social transformations which sick children undergo in a group, as measured by CRS sociograms, and an interpretation of adaptation difficulties, which in part confirms the necessity of individual therapy for each child, are presented. 3 references. (Journal abstract modified)

**440. Jenkins, Richard L. The runaway reaction. *American Journal of Psychiatry,* 128(2):168-173, 1971.**

A new diagnostic category, runaway reaction, is discussed as a subdivision of behavior disorders of childhood and adolescence. Children and adolescents who fit this category repeatedly run away from home overnight or longer, typically because they feel rejected at home. They typically are immature and timid, feel inadequate and friendless, and steal furtively. In contrast to the group delinquent reaction, in which stealing is an adaptive motivation behavior learned from peers, the runaway reaction is the maladaptive frustration response of a child who feels that nobody wants him. In contrast to individuals manifesting the unsocialized aggressive reaction, which is also a maladaptive frustration response, the runaway's behavior is dominated by fear rather than by hostility and anger. There is clear evidence that he has typically had more parental rejection than the unsocialized aggressive child. He has not had the compensatory overprotection often extended to the unsocialized aggressive child, and he has not been shielded by his parents to the extent that most delinquents are. Effective treatment requires: (1) either modification of the home atmosphere, or, failing this, removal from the home; and (2) a substantial period of socialization or resocialization in an accepting but firm environment. 23 references. (Author abstract modified)

**441. Jensen, Arthur R. The role of verbal mediation in mental development. *Journal of Genetic Psychology,* 118:39-70, 1971.**

Various types of verbal and symbolic mediational processes, which facilitate learning and comprise much of what is meant by "intelligence," are viewed in terms of both maturation and learning. The relative roles of developmental and experiential factors in the growth of complex cognitive abilities are discussed with reference to recent research on verbal mediation, and current research gaps and directions for future research in this field are indicated. The chief practical significance of research on verbal mediation is that it suggests some of the mechanisms by means of which instructional techniques might inculcate or train cognitive skills that facilitate learning and problem solving. A hierarchical theory of cognitive development is proposed to explain social class differences in mediational processes and to suggest further research directed at discovering techniques for strengthening cognitive mediational processes in children typically called disadvantaged. 49 references. (Author abstract)

**442. Jensen, Lorraine W. Parent counseling in a multidisciplinary agency. *Child Welfare*, 50(10):599-603, 1971.**

Parent counseling by the social worker in a multidisciplinary setting is discussed. The counseling should be aimed at role function; that is, it should support and expand the parent's coping ability. This assumes some cognitive base, and a focusing on the here and now in the physical, emotional, and educational areas. The social worker's attitude must convey an atmosphere of hope in relation to realistic and manageable goals. The strong focus on coping strategy, with lesser emphasis on the historical factors, ventilation, and emotional clarification, is similar to the social work approach in crisis intervention. The social service counselor must be comfortable in a role conveying the authority of competence, and secure in his knowledge of agency services. He also must be able to tolerate considerable amounts of temporary dependency. The counselor should be committed to implement a free exchange between parent and professional, whether in the one-to-one, family group, or parent group situation. 3 references. (Author abstract modified)

**443. Jensen, Viggo W., and Petty, Thomas A. The fantasy of being rescued in suicide. *Psychoanalytic Quarterly*, 27:327-339, 1958.**

The fantasy of being rescued from suicide is expressed as a suicidal attempt so arranged that it invites the intervention of a particular rescuer to prevent its successful execution. A wish to be saved is an element in every attempted suicide. The rescuer is chosen from among those who have the capacity to empathize with the suicidal person at a particular time. In "borderline" and psychotic individuals, the choice may be symbolic and vaguely expressed. The prototype for the relationship the suicidal person seeks with the rescuer probably is that early one between child and parent when they shared a common ego and responded directly to the unconscious of each other. The rescuer must have a surplus of free libidinal energy with which to love the suicidal person and

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initiate the rescue, and he must have sufficient ego strength to deal with the sum of the suicidal person's and his own destructive impulses. Often a potential rescuer recognizes the appeal to him but disregards it because of his own hostility or lack of ego strength and libidinal resources. The more conscious the fantasy of rescue, the easier it is for the suicidal person to find and accept a rescuer. The fantasy is an attempt to restore the original relationship between the primal object and the ego of the suicidal person. 14 references.

**444. Jernigan, Austin J. Comments on survey of centralized testing program in the Veterans Administration.** ***Newsletter for Research in Psychology,*** **13(2):35-36, 1971.**

Comments made on Dr. Buttiglieri's survey of centralized testing programs include the emphasis on speed, precision, relevance, and the use of the findings for outlining treatment and followup for the patient. Reevaluation of the patient can be very useful in cases of crisis intervention or behavior modification activities. In connection with admission, it is suggested that a centralized assessment procedure be developed to determine to what department the patient be admitted. Concerning the time required to assess patients, it is pointed out that the patient's motivation and energy decline when the procedure becomes lengthy. Regarding the interview, it is important to realize that the amassing of data by mechanization and the replacement of the psychologist by a nurse or volunteer deprives the patient of therapeutic possibilities. The processing of findings must be submitted to new procedures which assess and apply these findings in a minimum of time. The survey is summarized as having achieved the presentation of the problems to be dealt with in a concise manner from which more efficient methods may emerge.

**445. Jessor, Richard; Young, H. Boutourline; Young, Elizabeth B.; and Tesi, Gino. Perceived opportunity, alienation, and drinking behavior among Italian and American youth.** ***Journal of Personality and Social Psychology,*** **15(3):215-222, 1970.**

A cross-cultural study involving male youths in Boston, Massachusetts, and Palermo and Rome, Italy, demonstrated the importance of differential socialization and institutionalization of alcohol use. Data were collected by means of a questionnaire. For American youths, a significant linkage was established between personality attributes reflecting frustration, dissatisfaction, and powerlessness and the amount of alcohol intake and frequency of drunkenness. Neither of two samples of Italian youths provided evidence for such a correlation. A further analysis of the learned meanings associated with alcohol use showed that for American, but not for Italian youths, problem solving or coping meanings of drinking mediate between personality level frustration and actual drinking behavior. Italian-American culture differences with respect to alcohol clearly make a difference in the way in which the social behavior of drinking is patterned. 8 references. (Journal abstract modified)

**446. Jih, Yueh. The relationship between mental health and family.** ***Popular Medicine Monthly,*** **20(5):135, 1970.**

The influence of a rapidly changing society on the structure of the family in Taiwan requires that parents pay special attention to the psychological development of their children. Parents should recognize the distinct personality of each child and allow him to develop in his own particular way. By expressing affection in a way recognizable by the child, parents can help fulfill the child's need for approval. When parents set good examples, the child has adequate models to follow. Parental discipline prepares the child for problem solving and for taking on a role in society. By allowing the child to recreate as he wishes within normal bounds, parents minimize rebelliousness. The success of a child's vocational choice requires that parents assist and encourage the child, but not force him into a vocation preferred by the parents. If a child exhibits signs of mental illness, parents must seek the assistance of a psychologist.

**447. Joel, Sheila, and Wieder, Susanne. An exploratory study of the process of adaptation to stress based on an examination of the reactions of patients with chronic renal disease to treatment by hemodialysis.** ***Smith College Studies in Social Work,*** **43(1):28, 1972.**

The process of adaptation to stress was investigated in a sample of patients suffering from chronic renal disease and undergoing hemodialysis treatment. It was hypothesized that most aspects of their life situation are affected by their disease and its treatment program, and that they would attempt to adjust to their altered lifestyle according to the pattern of adaptation they had developed to cope with previous stress. Twenty-two patients were evaluated at home via a direct, moderately structured, 60-minute interview to elicit data regarding psychological reactions to treatment, as well as achievements, aspirations, and concerns. Additional data were obtained from consultation with the treatment team and from medical records. It was found that the patients did progress through a well-defined process of adjustment to the disease's stresses and treatment. Although many variables affected adjustment, the most crucial one was financial resources. Finally, the stages in the adaptive pattern paralleled those identified in the dying process and seem to be basic to adjustment to any stress. (Journal abstract modified)

**448. Joel, Sheila, and Wieder, Susanne M. Factors involved in adaptation to the stress of hemodialysis. *Smith College Studies in Social Work*, 43(3):193-205, 1973.**

The processes by which hemodialysis patients adapt to stress are examined. Most aspects of an individual's life situation are affected by this disease process and the rigors of the treatment program. All of the patients studied raised common, reality-based concerns about their changed life situations. Rarely were these exaggerated or used as part of a pathological defensive structure. A basic defensive pattern emerged consistently, and differed among patients only in the degree to which it was used. The adjustment process for all patients was dependent upon and affected by common variables. There was a clear parallel between the stages of adjustment to this particular stress and the stages in the dying process, and these stages appear common to the adaptation process in general. 26 references.

**449. Johnson, David W. Students against the school establishment: Crisis intervention in school conflicts and organizational change, *Journal of School Psychology*, 9(1):84-92, 1971.**

Methods of management and crisis intervention in school conflicts with the established education program are examined. Conflicts between students and school personnel, especially those related to the students' lack of decisionmaking power, are often handled in destructive ways, due to the lack of structural means within educational organizations of conflict management and the general lack of conflict management skills of students and school personnel. Student-school conflicts often lead to organizational change by making the status quo intolerable. It is possible for individuals within and outside the school to facilitate the constructive resolution of such conflicts in ways which promote organizational growth and development. 12 references. (Author abstract modified)

**450. Johnson, Jean E.; Leventhal, Howard; and Dabbs, James M., Jr. Contribution of emotional and instrumental response processes in adaptation to surgery. *Journal of Personality and Social Psychology*, 20(1):55-64, 1971.**

Predispositional measures of anxiety, internal-external control, and situational measures of worry, fear, pain, speed of recovery, and doses of analgesics were obtained from 62 female surgical patients. Preoperative measures of fear and worry were (A) positively and linearly related to postoperative emotionality and (B) unrelated to speed of postoperative recovery and doses of analgesics. Birth order (first and later) and manifest anxiety (high, medium, and low) affected emotionality. Later borns low in manifest anxiety were least emotional; later borns high in manifest anxiety and firstborns either high or low in manifest anxiety were most emotional. Internal-external control was associated with ability to influence care. Internals obtained more needed analgesics, and if they were also firstborn, they had longer hospital stays than externals. The evidence contradicts the hypothesis that preoperative emotion is causally related to adaptive responses in this stressful situation. The data suggest that emotionality should be treated as a response and that these responses and instrumental responses can be independent. 32 references. (Author abstract)

**451. Joint Commission on Mental Health of Children, Inc. Social-psychological aspects of normal growth and development: Adolescents and youth. In: *Report of the Joint Commission on Mental Health of Children, Inc.* New York: Harper & Row, 1969. pp. 552-604.**

Adolescence is a part of a long process which begins at birth and centers on the basic growth tasks of all human beings: to develop from an infantile, dependent focus on the self to a mature competence in relating to others and coping with the demands of independent and interdependent adult life. Conflicting drives for all human beings during this period are summarized as: (A) the drive for independence versus dependence; (B) belonging and yet retaining one's own individuality; (C) mastery of numerous skills versus the fear of failure and injury to the self; (D) ceasing from being a child to becoming an adult who founds and maintains a family; and (E) an escape into the easeful dreams of the imagination versus the drive and pressure to cope with reality. It is observed that in today's society the adolescent has a particularly difficult role to play. It is extremely important that adults support the growth of adolescents and youth towards mature individuality and that they support the services which are essential to this growth: education, employment, physical and mental health, counseling, and recreation. Moreover, these services should include a comprehensive approach to helping the young person prepare more effectively for marriage and parenthood. 33 references. (Author abstract modified)

**452. Josselyn, Irene M. Etiology of three current adolescent syndromes: A hypothesis. In: Feinstein, S., ed. *Adolescent Psychiatry,* Vol. I. New York: Basic Books, 1971. pp. 125-138.**

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The etiology of three adolescent syndromes is discussed and illustrated with case material, along with emphasis on the possible misdirection of current child care practices used by psychotherapists. It is seen that a number of behavioral and attitudinal disturbances are present among at least three groups of personality types that were not as prevalent in the past. These types are: (1) the self-centered group; (2) those seeking close interpersonal relationships, usually with peers, and denying the existence of such a relationship with their parents; and (3) the desperate group who seek any means of escaping reality. These young people react to their disturbances in a variety of ways, including sexual promiscuity, aggressive and antisocial behavior, and drug abuse. It is suggested that a possible reason for the insecurities of such adolescents is the trend of modern culture to rear the child in a child-centered world and deemphasize responsibilities and expectations that are characteristic of adulthood. Permissiveness, physical separation of mother and child at a young age, agreement with him over the negative aspects of modern living, and many other factors are suspected as leading toward the failure of many adolescents to adapt in a stable way to life, and the therapist must consider the importance of this adolescent milieu when treating disturbed young people if they are to mature into healthy adults. 6 references. (Author journal abstract modified)

**453. Jousselin. L'adolescent dans son milieu familial et social. [The adolescent in his family and social environment.] *Coordination*, 1:13-24, 1969.**

The family and social environment of the adolescent today are analyzed and the variables influencing his passage into adulthood are considered. The rapid technological advances of the last 50 years are of particular relevance. The adolescent is barraged from all sides by scientific advances which enable him to develop psychologically much faster than in earlier years. He is exposed to much more knowledge and is capable of making judgments at an earlier age, often contrary to his parents' own judgments. Society protects its young members through many agencies which tend to lessen the parents' initiative and responsibility and retard the adolescent's acceptance of responsibility until the age of 30 or more. His passage into adulthood is conditioned by his image of the adult who is no longer a sage, master, or model. His environment affects his personal objectives. His leisure time and its use may reinforce personality traits or reduce his acceptance of responsibility. Experimentation seems to be necessary to today's youth. Permanence is a sign of weakness to them and participation is their greatest desire.

**454. Kagan, Jerome. A conception of early adolescence. *Daedalus*, 100(4):997-1012, 1971.**

Maturational developments prepare the mind of a 12-year-old to examine sets of propositions for logical consistency. This competence, when applied to his own premises, can produce new assumptions if it is catalyzed by encounter with experiences that jolt the mind into using this capacity. Puberty is one such inducing event in all cultures. Western society adds local phenomena surrounding school, drugs, sexuality, authority, and family, each of which generates uncertainty that the child must resolve. In so doing he creates new beliefs. The specific form of the conflict and its resolution depend on the belief clash that initially generated the uncertainty, as well as the community in which the child lives. Contemporary middle-class American 15-year-olds are waging war against feelings of isolation, commitment to action and belief, loyalty to others, and capacity for love. Earlier generations grappled with the themes of social status, financial security, and petting. It is not clear what issues future generations will engage and subdue. It is usually the case that each era is marked by one or two social problems of enormous priority that give substantive direction to the brooding. Racial strife, density of population, and lack of a central transcendental ideology continue to loom as the potential catastrophes of the future. These themes will probably shape the form of the incompatible propositions that future adolescents will attempt to understand. 1 reference. (Author abstract modified)

**455. Kalish, Richard A. A gerontological look at ethnicity, human capacities, and individual adjustment. *Gerontologist*, 2(1):78-87, 1971.**

The focus of the article is ethnicity as a factor in the individual capacities and adjustment of the aged and aging. Ethnicity is considered broadly as having applicability to all ethnic groups and to many nonethnic divisions of the population. Reference is primarily to (1) human capacities, for example sensorimotor behavior and cognitive behavior; and (2) adjustment, for example motivation, emotion, personality, stress and coping with stress, and mental health and mental illness. Obstacles to performing good research on ethnicity are considered. 11 references.

**456. Kaplan, David M.; Smith, Aaron; Grobstein, Rose; and Fischman, Stanley E. Family mediation of stress. *Social Work*, 18(4):60-69, 1973.**

The effect of serious illness on the family is described, the family's critical role in resolving problems related to stress is deline-

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ated, and data needed for organizing preventive and clinical programs to protect the family's stress-mediating function and mitigate the impact of stress on individual family members are provided. Guidelines for clinical management include the successful management of the seriously ill child and his family, based on a trusting relationship with the physician treating the child. Perhaps the most important function of the physician or social worker is to share the anguish, grief, and fears of these families without turning them off. The parents' denial of the significance of the illness is natural at the outset; however, persistent denial should be probed gently but persistently. 11 references.

**457. Karowe, Harris E. How volunteers can help disadvantaged children. *Children*, 14(4):151-155, 1967.**

Despite lack of professional training, carefully selected volunteers can aid and relate well to disadvantaged children by responding intuitively to them with empathy, trustworthiness, and respect, providing the child with consistency and hope often lacking in his home, characterized by economic and emotional deprivation. The volunteer can also provide a variety of stimuli for learning and a positive attitude about school, while helping the child cope with the results of his language deprivation and communication problems. The volunteer, however, must guard against expecting too much of the child, becoming excessively involved emotionally, or unconsciously competing with the parents for the child's affections. 12 references.

**458. Katz, Julian. Adolescence and antisocial behavior. *Medical Journal of Australia*, 1(6):256-258, 1967.**

Adolescence, the period between biological and socioeconomic maturity, is beginning earlier and ending later with each decade. Normal behavior during this period is inconsistent and unpredictable. The only cure is maturation. The extent to which the adolescent is equipped to cope with the enhanced physical and emotional development following puberty, and the anxieties arising out of them, is based largely on the way he has learned to cope in early childhood during a similar phase of rapid emotional and physical development. There is some doubt whether, even if possible, elimination of delinquency would be desirable. 8 references.

**459. Kaufman, Edward, and Klagsbrun, Samuel. An emergency room changes (Impact of psychiatric walk-in clinic on emergency room of general hospital). *Diseases of the Nervous System*, 33(4):231-234, 1972.**

The impact of a psychiatric walk-in clinic on an emergency room of a general hospital is reported. Generally about 25 percent of the patients referred were found to be suitable for crisis intervention techniques. The crisis is looked upon as a motivational force which, if recognized and channeled, can drastically change a lifestyle to become more constructive. The anxiety which is made available to the individual during the crisis can be utilized for motivation and insight. The crisis may offer a second chance in correcting earlier faulty problem solving. The crisis may be utilized motivationally in individual, family, and group therapies. Crisis group therapy is particularly well suited for an emergency service, particularly when dealing with a ghetto population. The group provides support and a corrective emotional experience. 3 references. (Author abstract modified)

**460. Kaufman, Irving; Frank, Thomas; Heims, Lora; Herrick, Joan; and Willer, Lee. Parents of schizophrenic children: Workshop, 1958. Four types of defense in mothers and fathers of schizophrenic children. *American Journal of Orthopsychiatry*, 29(3):460-472, 1959.**

A new classification of the parents of schizophrenic children was presented, which has been found to have particular relevance for psychotherapy. A description of the schizophrenic child, including etiological factors, was given, and the theoretical framework behind the classification system described. The classification differentiates the parents on the basis of the overt system complex which defends them against being overwhelmed by their underlying pathology. Four types were included in the classification: (1) pseudoneurotic parents, who demonstrate rigid, compulsive behavior patterns such as denial, avoidance, rationalization, isolation, withdrawal, undoing, reaction formation, compartmentalization, and intellectualization; (2) somatic parents, who are less effectively defended against being overwhelmed by their anxiety in relation to stress, and so show a variety of somatic methods in coping with stress, with such types as the overt psychosomatic, the hypochondriacal, and those who literalize the body image; (3) pseudodelinquent parents, who deal with their underlying disturbance by a type of antisocial acting out, such as stealing, sexual promiscuity, desertion, alcoholism, or cruel and abusive treatment of family members; and (4) psychotic parents, who openly manifest psychotic symptoms, including ambulatory psychotics and overt psychotics. A discussion of treatment including the parents was included. 5 references.

**461. Kaufman, Samuel S. Adolescence and human sexuality. *Diseases of the Nervous System*, 30(11):777-780, 1969.**

Human sexuality is a challenge in problem solving arising in adolescence and continuing thereafter. A basic assumption declares psychological growth to be the fruit of the struggle to solve problems in a manner appropriate to time and space: human identification in infancy, language in childhood, creative contribution in adult life, and the potential of sexuality in adolescence. The interplay within the framework of society between the prepubertal personality and the hormonal necessities of adolescence creates a new mode of human behavior, the unity of giving and receiving. The laws of responsible collaborative living must be mastered. Success plays a direct role in the creation of the highest mode of human thought, creative conceptualization. Once mastered, sexuality is a constant source of reaffirmation of intimacy and commitment. Sexuality becomes the healthy modality of human communication, the language of affection. Ethical and psychological morality are imperatives for sexual mastery, ethical in that monogamous dedication is determining, and psychological in that both partners find more joy and less fear of life through mutual struggle. In this frame of reference, infantile sexuality is not the essential creator of personality, but merely a misnomer unconnected with the realities of human biology. Sexuality is born at puberty. Only with the birth of sexuality at the beginning of adolescence can the human develop a full awareness of the importance of himself and of others. Finally, only through mutual respect can mankind relinquish the commodity concept of sexuality with its corollaries of the alienation and the absurdity of life. (Author abstract)

**462. Kawakami, Masazumi; Seto, Katsuo; Yanase, Masahiro; and Higuchi, Takashi. The role of the brain in establishment of adaptation to the repeated immobilization stress. *Journal of Japanese Psychosomatic Society* (Fukuoka), 12(1):23-26, 1972.**

A report on the role of the brain in establishment of adaptation to repeated immobilization stress is presented, based on an experiment where rabbits were deprived of mobilization for 6 hours a day for 7 days. Function of the autonomic nervous system, changes in carbohydrate and lipid metabolism, and brain function were observed. Under the first immobilization stress, the secretion of adrenocorticotropic hormone increases significantly, along with the reaction of heartbeat to mecholyl. The carbohydrate and lipid metabolism are quite different from that under the normal situation. However, repeated immobilization stress restores those changes to normal, which indicates that a defensive mechanism is generated under control of the brain and biological adaptation in rabbits to the repeated immobilization stress is established. 3 references.

**463. Keislar, Evan R., and Stern, Carolyn. Differentiated instruction in problem solving for children of different mental ability levels. *Journal of Educational Psychology,* 61(6): 445–450, 1970.**

An investigation explored the relative value of teaching different kinds of problem-solving strategies to children of different mental age levels. During an 8-day instructional program, 82 high IQ second- and third-grade children, assigned to three levels of mental age (comparable to average fourth, fifth, and sixth graders, respectively), were taught to solve problems based on discovering the rule for matching, using either a simple "gambler's" strategy or a more complex "hypothesis testing" approach. On each of the three criteria (posttest, transfer, retention), children in the high mental age group who were taught the complex strategy were superior to those taught the simple strategy; the reverse was true with the low mental age group. The disordinal interaction was significant (P is less than 0.05) for both posttest and transfer. 12 references. (Author abstract modified)

**464. Kellam, Sheppard G., and Schiff, Sheldon K. Adaptation and mental illness in the first-grade classrooms of an urban community. In: Greenblatt, Milton, and Emery, Paul E., eds. *Poverty and Mental Health.* Washington, D.C.: American Psychiatric Association, 1967. pp. 79–91.**

The Woodlawn Mental Health Center, a service facility and field laboratory in social and community psychiatry located in a Negro community of Chicago, has studied the problems of adaptation and mental illness in first graders. The 57 first grade teachers in the 12 Woodlawn elementary schools provided lists of the ways that children have difficulty in adapting to the classroom. These items were consolidated into five broad categories (adaptational tasks). The teachers of both designated intervention schools and control schools measured each child on a four-point adaptation-maladaptation scale three times during the first grade and once during the third grade. Results indicate the strong likelihood of a functional relationship between the child's adaptational task, the stress generated by it, and the advent of psychiatric symptoms. There was also a strong longitudinal relationship between social functioning and psychiatric symptoms: children rated maladapting early in the first grade ran a nine-to-one risk over children rated adapting of becoming symptomatic by the end of the first grade. This project represents a model of how a community mental health center has

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dealt with the problems of (1) defining its community area, (2) relating itself to the political and social structure, (3) establishing priorities with a community advisory board, (4) establishing criteria of assessing mental health needs among a specific target population, and (5) establishing a longitudinal measurement system of mental health need used to provide periodic evaluation of the impact of an intervention program. 25 references.

**465. Kelly, Francis J. The effectiveness of survival camp training with delinquents. *American Journal of Orthopsychiatry,* 41(2):305-306, 1971.**

A review is given of a paper presented at the 48th annual meeting of the American Orthopsychiatric Association, in which the effectiveness of survival camp training with delinquent males is discussed. It was hypothesized that one possible means of reducing delinquency would be by instituting a formal means of coping with adolescent males, functionally equivalent to the pubescent rites found in more primitive societies. Sixty adolescent delinquent males committed to the youth authority attended Outward Bound schools in Colorado, Maine, and Minnesota. They were paroled immediately upon completion of the 27-day course. A matched group of delinquents was handled in a routine manner including placement in training schools or immediate parole. When the two groups were compared 1 year after their parole dates, it was found that the experimental group had a significantly lower rate of recidivism than the comparison group. In the experimental group, pre- and post-Outward Bound measures of self-concept and personality showed significant improvement in the nonrecidivists while there was no significant change in the recidivists. The therapist's role was that of a participant observer, behavioral reinforcer, and interpreter. Implications for this action program are presented. (Author abstract modified)

**466. Kelly, J.G. Naturalistic observations and theory confirmation: An example. *Human Development* (Basel), 10:212-222, 1967.**

Naturalistic study of adaptive behavior of high school individuals in different social settings is undertaken, and related to similar study of primates. The purpose is to develop a theory of how individuals adapt in varied environments, and to evolve general guidelines for the naturalistic observer. Natural measurements of environment include assessment of normative structures, social controls for deviant behavior, and identification of coping techniques, all considered useful as preventive techniques in the field of mental illness. The premise is that if an environment varies in function (including variations induced by the observer), such functions will affect the generating and controlling of normative values, survival requirements, and expression of relevant coping styles. High schools were chosen for study in the belief that school life for the adolescent has pronounced effects on behavior even outside the school environment. Two contrasting high schools were chosen for their diversity from each other to study the effects on various personality factors; one school had a 42-percent change in population within a calendar year (termed a fluid environment); the second had less than 10-percent change in a 9-month period (termed constant). Naturalistic data, observation techniques, and preliminary relevance of the findings are discussed and analyzed. 14 references.

**468. Kelly, James G. Toward an ecological conception of preventive interventions. In: Carter, J., ed. *Research Contribution from Psychology to Community Mental Health*. New York: Behavioral Publications, 1968. pp. 75-100.**

Ecological principles are applied in studying social environments and in altering them. The research study cited is a study of adaptive behavior in varied high school environments. It is based on a longitudinal study of four cohorts of male high school students who differ in their exploratory behavior and who attend institutions which differ in their student exchange rates. The interdependence of exploratory behavior, conceptions of adaptive roles, social setting, and environmental exchange effects are studied, and interventions are based upon the foregoing principles and consequent theories. It was found that high explorers engage in analysis, criticism, planning, and scouting while low explorers value execution, surveillance, facilitation, and confirmation. High population exchange environments will reward the first set of adaptive roles, while the low population exchange environments will reward the second set. Interventions in such environments differ in approach. A change program for a fluid setting would be based on improvement of student socialization, while in a constant high school it would be faculty oriented. 31 references.

**469. Keniston, Kenneth. Youth as a stage of life. In: Feinstein, S., ed. *Adolescent Psychiatry*. Vol. I. New York: Basic Books, 1971. pp. 161-175.**

Youth as a stage of life is examined, emphasizing the variety of social conditions which prevent a large number of young people from reaching stable maturity. It is stressed that the development of the vast majority of future men and women in today's world is foreclosed, retarded, fixated, or aborted by the absence of requisite environmental facilitations for psychological development. The emergence of previously unrecognized stages of life over the past few centuries is traced, emphasizing that at least two stages, those of late childhood (latency) and adolescence, have only been acknowledged since the end of the Middle Ages. It is further suggested that at present another stage of life is emerging between the end of adolescence and the beginning of adulthood. Termed the stage of youth, some speculations of characteristic psychological development during this period are made, as well as some reasons why this stage becomes, for a minority of young men and women in advanced societies, a psychohistorically meaningful stage of development. A primary characteristic is failure to adapt socially and the protracted psychological makeup usually attributed to adolescence. It is a period of ambivalent testing of the connection of self and society and lasts for varying periods of time depending on the rate of maturation of the individual. It ends whenever the person moves into a more enduring relationship with society and youthful commitments are abandoned. Social and historical factors are critically important in its prolongation, and present Western culture is highly conducive to this phenomenon. 9 references.

**470. Keniston, Kenneth. Search and rebellion among the advantaged. In: *Drug Dependence: A Guide for Physicians*. Chicago: American Medical Association, 1969. pp. 42-52.**

The unique features of college youth are discussed and related to the phenomenon of student drug use. Advantaged youth have been affected by extremely rapid social change, an affluence which has brought about an immense prolongation of adolescence and education, and an unprecedented threat and fact of violence. The psychological consequences of these are discussed. Their search for meaning characterizes the generation far better than concepts such as alienation and rebellion, which become exaggerated when the search for meaning and integrity is frustrated. In this highly drug-oriented society, the search for meaning within themselves has led youth to experiment with drugs, marijuana being the drug of preference. Given the facts about drugs and their use, youth react sensibly as shown in the leveling off and decline of lysergic acid diethylamide (LSD) use.

**471. Kerns, Elizabeth. Planned short-term treatment, a new service to adolescents. *Social Casework*, 51(6):340-346, 1970.**

A gap between the increasing demands for services to adolescents and available resources prompted an agency to use planned short-term treatment (PSTT) to provide quality treatment. PSTT can be effective in working with adolescents, but it also makes new emotional and technical demands on staff and agency. The PSTT process, a carefully planned one between client and worker, establishes a set period of time for accomplishing a specific goal. With adolescent clients, the time limit is especially effective as it seems to free energy for problem solving that is otherwise often caught up in their overconcerns about being normal. Using PSTT, in contrast to more traditional methods, requires a worker to make quick, accurate diagnostic assessments and to participate immediately and directly in the identification of feelings and behavior patterns that interfere with meeting the goal. Because PSTT usually necessitates significant changes in practice, it takes the cooperation of the staff, the full support of administration, and a review of agency policies to institute PSTT as a way of delivering services. 2 references. (Journal abstract modified)

**472. Kerr, M. McK. Amitriptyline in emotional states at the menopause.** ***New Zealand Medical Journal*** **(Dunedin, New Zealand), 72(461):243-245, 1970.**

Fifty patients with emotional states associated with the menopause were included in a double-blind study of amitriptyline (tryptanol) versus placebo. The results showed conclusively the antidepressant and the antianxiety effect of amitriptyline. Associated symptoms such as insomnia, headache, apathy, fatigue, and palpitation also improved markedly with amitriptyline. 5 references. (Journal abstract)

**473. Kessin, Kenneth. Social and psychological consequences of intergenerational occupational mobility.** ***American Journal of Sociology,*** **77(1):1-18, 1971.**

The social and psychological consequences of intergenerational occupational mobility are discussed, emphasizing that studies relating intergenerational mobility to disturbed emotional states and decreased participation in solidary groups present contradictory evidence. Recent theoretical work suggests that the relationship between mobility and its hypothesized detrimental consequences will hold to a greater extent in a traditional and static social order and to a lesser extent in a society already modernized. Aside from conflicting empirical findings, methods used to determine the effects of mobility have been unable to control simultaneously for prior and current socioeconomic level. Using dummy variable multiple regression analysis, scores for community integration, primary affiliation, family participation, manifest anxiety, and psychosomatic symptoms show few overall systematic effects of mobility. Respondents moving upward two or more socioeconomic levels have significantly lower community integration scores and significantly higher manifest anxiety and psychosomatic symptom scores. Scores on the dependent variables are unaffected by moderate amounts of either upward or downward mobility. Among very downwardly mobile respondents, the scores are the reverse anticipated by theory. The results and implications for mobility theory are discussed. 46 references. (Author abstract modified)

**474. Kessler, Jane W. *Psychopathology of Childhood.* Englewood Cliffs, N.J.: Prentice-Hall, 1966.**

The problems of emotionally disturbed children are considered in the context of normal child development, with the emphasis on psychological factors responsible for deviations. While some attention is given to organic and constitutional factors, it is held that empathy with children who are disturbed is achieved mainly through an understanding of psychological conflicts and feelings. The book is problem centered rather than profession centered and contains contributions from many disciplines. Topics covered include personality theory, mental and emotional development in early childhood, anxiety, aggression and guilt, referral and diagnostic procedures, diagnostic nomenclature, developmental problems in speech and language, problems in feeding and toilet training, mental subnormality, learning disorders, psychoneurosis, psychosis, juvenile delinquency, psychosomatic disorders, psychotherapy for children, work with parents, treatment away from home, and prevention.

**475. Kety, Seymour S. Psychoendocrine systems and emotion: Biological aspects. In: D. Glass, ed. *Neurophysiology and Emotion.* New York: Rockefeller University Press, 1967. pp. 103-108.**

Blood levels of hormones are dependent upon both secretion rates and rate of disappearance from the blood. Blood levels of epinephrine are extremely sensitive to the rate of disappearance, which depends upon the blood flow to the kidney, liver, and spleen. The distribution of blood flow changes markedly in emotional states. Blood or urinary assay of norepinephrine and its products does not accurately represent sympathetic nervous system activity, since a considerable percentage of norepinephrine released at sympathetic nerve endings is taken back into these endings without passing into the blood stream or urine. There is an increased release of catecholamines during stress, a release that is related to the intensity rather than to the quality of effect. Epinephrine appears to be secreted primarily in situations of uncertainty, in which flight or fight may be the appropriate response; this agent would have adaptive functions. Norepinephrine appears to be secreted when the outcome is inevitable or unavoidable and muscular activity would be inappropriate or useless. The steroids have significant survival value because of their anti-inflammatory role, their ability to stimulate wound healing, and other reparative effects. Both the adrenal cortex and adrenal medulla seem to exert physiological control upon each other. Norepinephrine is present in high concentrations in the hypothalamus and limbic area. All drugs which have significant effects on mood either deplete brain norepinephrine and produce depression, or favor its release or accumulation at appropriate receptor sites in the brain in association with antidepression, euphoria, or hyperactivity. 13 references.

**476. Khan, Sahibzada Abdul Munim. The truant child is not really truant. *Social Welfare*, 16(4):27-28, 1969.**

Truancy is a usual phenomenon among children; however the earlier it is dealt with the better for all concerned. Truancy is an attempt by the child to find a place where his activities will not be condemned as mischief. Loneliness, too many "do's and don'ts" which he cannot understand, and rigid parental surveillance are seen as the major causes of truancy. This attempt at escapism may have undesirable effects on the child's growth and development. The author suggests that, to counter truancy, every home regardless of its size should provide the child with his own domain. It need be nothing more than a few yards of a courtyard with a basket of sand and a few playthings; even the most ordinary objects will serve the purpose. Pets, noisemakers, and the telling of pleasant stories provide the diversion which is the best solution to childish mischief. In school also, proper diversion can discourage truancy. If play breaks are not frowned upon but encouraged and utilized by the teacher, she will find her job an easier one. Group activities are especially enjoyed by children and can include active play, story telling, or the solving of riddles. Truancy is a normal reaction to an unfavorable environment. Change the environment and you eliminate the problem.

**477. Khurana, Ramesh C., and White, Priscilla. Attitudes of the diabetic child and his parents toward his illness. *Postgraduate Medicine*, 48(2):72-76, 1970.**

Results of a study of the attitudes of diabetic children toward their illness, and the feelings of parents toward their diabetic children, are presented. Children in the study were interviewed at a Massachusetts summer camp for diabetic girls. Of 144 respondents, averaging 12.4 years of age, almost half said that having diabetes did not bother them while the rest gave mixed answers. A third of 50 questioned were not aware of possible complications; the two complications most feared by the remainder were blind-

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ness and amputation. Seventy-nine parents were also interviewed in an attempt to correlate parental control with the diabetic child's response to treatment. Poor control and depression occurred more often in children of indifferent parents than in those whose parents were classified as anxious, overindulgent, perfectionist, or apparently normal. The traumatic impact of the onset of diabetes on both the child and the parents is discussed in terms of the psychiatric and emotional disturbances generated. Results of the study indicate that the child's adjustment to diabetes is closely related to his parents' acceptance of the disease, and that both children and parents need better education on diabetes. 17 references.

**478. Kiev, A., and Slavin, J. Social antecedents of suicidal behavior. In: Miller, L., ed. *Fourth International Congress of Social Psychiatry: Abstracts of Papers.* Jerusalem: AHVA Cooperative, 1972. pp. 18-19.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, observations on the effect of social factors on the outcome of attempted suicide, derived from a study of 270 patients, were presented. The patients fell into three groups: (1) psychotic; (2) character disorders; and (3) reactive disorders. Group 1 had significantly higher scores on anxiety, emotional withdrawal, conceptual disorganization, hostility, suspiciousness, hallucinatory behavior, unusual thought content, blunted affect, excitement, disorientation, sexual functioning, and obsessional thoughts than did the other groups. They also had higher ratings on lethality, isolation, and overall functioning. From a clinical viewpoint the suicidal drive in this group appeared to evolve over time as individual vulnerability to stress progressively increased and coping ability decreased. The character disorder patients (group 2), described as impulsive, immature, hysterical, or inadequate, often gave a history of multiple attempts associated with minor objective stresses. These patients scored higher on ratings of noteworthy behavior, alcohol abuse, and drug abuse than the other two groups. The stress scores of character disorder and depressed patients peaked at the mild to moderate range of stress scores. Group 3 consisted of patients with previously unremarkable histories who attempted suicide in the setting of a depressive illness associated with major objective life stresses. A larger percentage of these patients were 46 and older. The most commonly reported stresses were: serious emotional upset (breakup with boy/girlfriend); failure to live up to the expectations of others; change in life settings; loss of loved one by death, divorce, or separation; and marital conflict. The findings suggest that diagnostic factors function as mediating variables between precipitating stresses and suicidal behavior. The finding that a greater percentage of depressed control patients experienced major objective stresses than the other patient groups, a greater percentage of whom reported stresses which were not totally independent of their own behavior, furthermore suggests that early exposure to stress experiences may be as important in influencing suicidal behavior as the immediate precipitating stresses. (Author abstract modified)

**479. Kiev, Ari. Suicide prevention. In: Anderson, D.B., ed. *Identifying Suicide Potential.* New York: Behavioral Publications, 1971. pp. 3-13.**

A review of major risk categories for suicide is given. The relative stability of the suicide rate is noted in relation to the increase in numbers of psychiatrists and innovations in psychiatric care. The failure of suicide prevention centers to meet the needs of suicidal persons is related to the spontaneous nature of most suicides. It is recommended that suicide prevention centers clarify their objectives, analyze their operations, and determine whom they are helping. The need for development of training programs in the early recognition of psychiatric disorders and the initial phases of crisis intervention for physicians, ministers, union counselors, management consultants, and community mental health workers is stressed. The need for coordination of present programs aimed at suicide prevention is called for. There is an urgent need to distinguish among the various forms of suicidal behavior in terms of seriousness of intent, dangerousness of the attempt, methods used, primary psychiatric disorder, willingness to accept treatment, and other crucial dimensions which influence the degree of individual suicidal risk. A model for dealing with suicidal persons which stresses the curative effects of drugs and frees both doctor and patient from burdens of guilt and anxiety is described.

**480. Kimball, Chase Patterson. Emotional and psychosocial aspects of diabetes mellitus. *Medical Clinics of North America,* 55(4):1007-1018, 1971.**

Although no correlational statistics are available for diabetic onsets and emotional factors, individual clinical reports have confirmed the sudden precipitation of diabetes mellitus accompanying an emotional trauma. A premorbid assessment of the personality of diabetic patients has identified such factors as passivity, dependency, immaturity, sexual maladjustment, insecurity, indecisiveness, and masochism (traits also associated with other chronic diseases). The individual's response to stress is dependent on the psychohistory of the individual and the physician: in managing the patient, the physician is able to predict the reaction to a particular crisis if he acquaints himself with this history. The severity of the affective disturbances will determine whether the physician will use psychiatric consultation for his patient. For the child, this illness may precipitate a retardation or even a retrogression, where he becomes more dependent upon his parents and further isolated from his peers. The course which the physician must follow is to get the patient to express his feelings and to try to reintegrate his life in the manner required by the disease. Chronic organic changes may accumulate from alterations in the level of consciousness which should be controlled (phenothiazine therapy). Some helpful points in the management of therapy are delineated. 21 references.

**481. Kimball, Chase Patterson. The experience of open heart surgery, III: Toward a definition and understanding of postcardiotomy delirium. *Archives of General Psychiatry*, 27(1): 57-63, 1972.**

The experiences of 76 patients undergoing cardiac surgery are described with particular focus placed upon the mental status, in terms of intact or deficient cognitive processes and psychological adjustment preoperatively. The interaction of these factors with those of the operative and postoperative experience is also considered. The results of this study suggest that what has been identified as postcardiotomy delirium is a complex of behavior dependent on all of these factors. Specific postoperative behavioral states are: (1) behavior similar to that following any major surgery; (2) behavior manifesting a distinct disturbance in affect, either of anxiety or depression, or both; (3) hyperalertness of behavior without gross impairment of cognitive functions, or restriction of activity, flattening of mood, decreased interaction with the environment (euphoric/catastrophic); and (4) behavior including gross and persistent disorientation, memory impairment, delusions and/or hallucinations. Results show a high correlation between a history and/or presence of impairment of cognitive functions preoperatively with greater impairment in these and/or death postoperatively. Organicity resulting in delirium is also correlated with more complicated operative procedures, higher risk ratings, postoperative complications, greater likelihood of previous operation, and preoperative anxiety and depression. 17 references. (Author abstract modified)

**482. King, Joe W. The scope and impact of the group process in adolescence. In: *Youth Conference on Troubled Youth in Today's World*. Dallas: Trammell Crow Foundation, 1969. pp. 45-58.**

The group process is that dynamic phenomenon by which individual and collective feelings, thoughts, conflicts, purposes, motivations, and decisions are assimilated and expressed individually, collectively, consciously, unconsciously, verbally, or behaviorally. The group process is evident in the classroom setting, a roving ghetto gang, a church vesper service, a pot smoking party, and almost every sort of group activity. In a treatment setting, the principles of the group process are used positively. Adolescents are guided toward an understanding of themselves and of their relationships to others by honest explorations of fear, anxiety, scapegoating, aggression, and other behavior. The empathy felt so strongly during adolescence is directed toward positive goals, and the adolescent is led to become aware of the need for codes by which groups attain cohesiveness. 8 references.

**483. King, Stanley H. Coping mechanisms in adolescents. *Psychiatric Annals,* 1(3):10-19, 23-25, 30-41, 45-46, 1971.**

An appraisal of current theory regarding personality development and emotional illness in adolescents and young adults is made. During the last decade a research trend towards data derived from nonclinical populations has highlighted the need for a broader view of adolescent development. In contrast to earlier studies which proposed the normalcy of turmoil and rebellion in adolescence, recent research focusing on healthy or typical subjects has suggested that the adaptational capacity of adolescents is higher than suspected. Common findings are that among adolescents an identity crisis is infrequent, the generation gap is overrated, peer relations are good, a sense of competence and self-esteem is high, and the capacity for coping is high. These recent studies are limited, however, by a sampling bias in favor of the modal, middle-class and upper middle-class, suburban, and male individuals. To ascertain etiological factors in healthy development, future research, therefore, should focus on healthy adolescents in other populations and especially in deviant subcultural groups. Longitudinal studies are needed in all areas of research. A framework is proposed for understanding the social context of adolescent development. Societal conditions of prime significance are the nature of adult roles, the existence of clearly defined transition points, and stability and consensus in society's value system. 26 references.

**484. Kjerulff, Kristen, and Wiggins, Nancy Hirschberg. Graduate student styles for coping with stressful situations. *Journal of Educational Psychology,* 68(3):247-254, 1976.**

Stressful situations involving anxiety, anger, and rejection were elicited from graduate students and faculty members at the University of Illinois. A three-mode factor analysis of subjects by responses in situations revealed two types of graduate students who differed in coping styles to stressful situations. One type was progressing well in graduate school and responded to all types of stressful situations with anxiety. The less competent students responded by blaming themselves for academic failure situations, while blaming others for interpersonal failure. In situations for which there was no clear source of blame, they were extremely nonanxious. The results are discussed in the context of current situational assessment techniques. 21 references. (Author abstract modified)

**485. Klahr, David, and Wallace, John G. The development of serial completion strategies: An information processing analysis. *British Journal of Psychology* (London), 61(2):243-257, 1970.**

An information-processing model of a complex task involving several important Piagetian concepts is introduced and then extended to a more difficult class of problems often used to test adult cognitive abilities. In comparing this extended model both to human performance and to the process model by Simon and Kotovsky, the criterion of developmental tractability is introduced. A detailed study of a child's performance during a crucial transition from one stage of problem complexity to another indicates that a mixture of both models seems to provide the best explanation of problem-solving behavior. 7 references. (Author abstract)

**486. Klein, George S. Blindness and isolation. *Psychoanalytic Study of the Child*, 17:82-93, 1962.**

Blindness itself does not necessarily produce cognitive or affective stunting. Blindness is by no means as pervasive a handicap as deafness. The sense modalities are carriers of input for high-order integrative achievements, but they are mainly carriers, not the indispensable organizers of this input. A physical condition that acts on the central nervous system itself has a debilitating effect upon intellectual development, and only a developmental handicap that severely curtails the individual's opportunities for contacting his environment and for mastering language has an irreversible, deleterious effect on intellectual performance. An impoverished environment, one with diminished heterogeneity and a reduced set of opportunities for manipulation and discrimination, produces an adult with reduced abilities to discriminate, stunted strategies for coping with requirements for detour and delay, and generally less taste for exploratory behavior. Blindness is a challenge not only to the child who has to cope with the deficit but to the child's environment. The consequences of blindness reflect the manner in which the challenge was met. Adequate ego surrogates (the mother) at critical periods are vital for all children; for the blind and deaf their absence can be especially catastrophic to the development and maintenance of workable schemata of reality and of cognitive representations of drive tensions, the consequences of drive discharge, and drive control. The effects of blindness might be determined by structural properties of ego control that transcend channels of sensory input and impose their organizational rules on the information provided by the intact modalities. 17 references.

**487. Klepping, J.; Escousse, A.; and Didier, J.P. Systeme adrenergique et stress. [Adrenergic system and stress.] *Semaine des Hopitaux* (Paris), 47(2):116-132, 1971.**

An attempt is made to determine the functional significance of the adrenal and sympathetic systems. The interpretation of the results suggests that, within certain limits, the adrenergic system has a functional significance explained by the properties of these substances in the cardiovascular, respiratory, and metabolic fields. In excess, the adrenergic reaction is due to a stress situation. In this field, however, a study of urinary excretion of catecholamines and their metabolites is of great interest, for it permits one to assess the possibility for a given subject to adapt himself to a stress situation and also gives a psychobiological profile. Physiopathologic considerations which raise the possibility of adrenergic responsibility in the etiology of certain diseases are then discussed. 46 references. (Journal abstract modified)

**488. Klich, Beatriz de M., and Wierig, George J., Jr. Social interaction and emotional adjustment among the blind. *Perceptual and Motor Skills*, 32(2):516-518, 1971.**

To test the hypothesis that the level of a blind person's adjustment to his handicap is positively related to his involvement with a group of other blind persons, 41 blind veterans attending a V.A. rehabilitation program for the visually handicapped were rated by the staff psychologist and the director of mobility training as satisfactorily, fairly, or poorly adjusted to their blindness. Each s completed a questionnaire concerning his choice of friends from within the program and was designated as either having or not having membership in a group. Group members did have the highest level of judged adjustment. 5 references. (Journal abstract)

**489. Klimoski, Richard Joseph. Intragroup forces and intergroup conflict resolution. Dissertation Abstracts Interna-**

**tional. Ann Arbor, Mich.: University Microfilms, No. 71-9416 (HC, $10; MF, $4) 171 pp.**

An examination was made of key forces impinging upon negotiators involved in intergroup conflict resolution which stem from the negotiator's relationship with his group. Three factors were manipulated: prenegotiation discussion; cohesiveness (high or low); and evaluation potential. All instructions and experimental inductions were presented by audio or video tape to insure standardized procedures. Cohesiveness and evaluation potential manipulations were perceived as intended, while perceived group agreement, as a measure of position adoption, was produced by either position adoption or high cohesive procedures. As predicted, the two group factors, cohesiveness and evaluation potential, interacted to affect the amount of time negotiators took to bargain. Given the modest levels of commitment to adopted positions, a public compliance notion is suggested as an explanation of the time data. The study demonstrates the existence and potency of group variables which have often been overlooked in research on intergroup conflict. It illustrates the complex nature of conflict situations as reflected in the interactions of these variables. And finally, it stresses the need to recognize the conflict inherent in the negotiator's role and suggests the possibility of changing the role in ways that reduce this conflict. (Journal abstract modified)

**490. Kluger, Hans Alfred. Gedanken zur psychologie des horgestorten vorschulkindes. [Thoughts on the psychology of preschool-age children with hearing defects.]** ***Praxis der Kinderpsychologie und Kinderpsychiatrie*** **(Gottingen), 21(6): 209-212, 1972.**

Effects of hearing defects on the psychology of preschool age children and society's obligation to make an early diagnosis and establish a treatment program are discussed. Impaired, or complete lack of hearing ability decreases vocabulary development, damaging the intellectual and psychological development of the child and leading to resignation or aggression. The importance of normal treatment, a balance between affection and discipline, by parents is stressed. Examples are used to show the effects of the two extremes, lack of affection or indulgent overprotection. The psychological, intellectual, and speech development of a child with defective hearing should be regarded as a complex that society should try to correct by preschool education if the family unit fails to stimulate the initiative of the child and adapt it to the requirements of the environment. 7 references.

**491. Knight, James A.** ***For the Love of Money.*** **Philadelphia: J. B. Lippincott, 1968.**

The psychological meaning and emotional uses of money in normal, deviant, and adaptive behavior are discussed. Also, the important implications for child rearing of introducing the child to money are noted. The child carries into adulthood his childhood views of what money represents. As part of the child's upbringing, it is noted that family ties are often based on money, or are heavily influenced by it. The motives, meanings, and methods of giving and pursuing money are discussed, together with the concept of altruism. The moral implications of man's concepts of money are also presented. Theory and example concerning the significance of money are taken from a variety of disciplines, including psychoanalysis, education, sociology, religion, anthropology, and comparative literature.

**492. Knoepfel, H. K. Angst und Aggression. [Anxiety and aggression.]** ***Schweizer Archiv fur Neurologie, Neurochirurgie und Psychiatrie*** **(Zurich), 108(1):145-158, 1971.**

Anxiety is discussed in terms of healthy anxiety which is a necessary reaction in man to protect himself and in terms of an illness which is manifested by an inability to act, such as paralysis or panic. It is important to be able to cope with anxiety under conditions where action is demanded and to act in a reasonable manner. Tolerance of frustration is an appropriate yardstick for ego strength and it is the function of the ego to resist anxiety. It is in this context that aggression is also considered as a healthy human reaction elicited because of a need for defense. Aggression and friendship exist together and, under proper control, aggression can be channelled into useful activities. Resistance to anxiety, to aggression, and to sexual tendencies are all included in the defense mechanisms of the body. If these are of an immature nature, a situation may arise where aggression is evoked by anxiety but is not controlled and the action which is called forth then becomes a new source of anxiety. Every society must in some way control aggression; they do this by means of interdictions, laws, and taboos, but these must be within reason so as not to channel aggression against other people. Ego strengthening is considered as the best means of controlling both anxiety and aggression. 10 references.

**493. Knoll, Harry, and Zauner, Johann. Die Beteiligung des Stationsteams an der analytischen Kinderbehandlung in der Klinik. [The participation of the station team in the analytical treatment of children in clinics.]** ***Praxis der Kinderpsychologie und Kinderpsychiatrie*** **(Gottingen) 19(2):33-37, 1970.**

The problem of psychoanalytic therapy for children is considered from a realistic viewpoint of economics. The hospital in Tiefenbrunn, Germany, has a unit for children consisting of 12 beds, and has a team of workers specially trained for treating children. As soon as he is able, a child is enrolled in the school, which is attached to the hospital. The team includes social workers, teachers, nurses, a resident physician, and a psychoanalyst, and the role of each is described. Conferences are held regularly and cases are reviewed and evaluated as to treatment response. Group therapy is applied, and the children are taught practical subjects in order to be able to cope with problems outside of school. Some illustrations are included. 14 references.

**494. Kobetz, Richard W. Drug abuse prevention; A challenge of the present. *Police Chief*, 39(4):18-20, 23-24, 1972.**

Drug abuse prevention for juveniles and young adults who have come to constitute the largest percentage of narcotics abuse arrests for police departments is examined. Drug usage has become widespread for a number of reasons. It is a form of protest and rebellion. Many juveniles experiment with drugs because of strong peer pressure. Societal stresses are particularly heavy on adolescents who not only must cope with the external stresses of the general society but also with the internal stresses of maturation. Curiosity also accounts for some drug usage. Drug abuse becomes a police problem because many drugs are illegal and because many drug addicts are resorting to crime to raise the funds necessary to support a drug habit. The major weapon of the police against juvenile drug abuse is proper education in the facts about drugs. A major objective in the fight against drug abuse is the elimination of sources for drugs and the system of distribution of illegal drugs. Both Interpol and the U. S. Bureau of Narcotics and Dangerous Drugs have under consideration, and in some cases, have implemented, programs aimed at this goal. 2 references.

**495. Kobrin, Solomon. The Chicago area project—A 25-year assessment. In: Stratton, J., ed. *Prevention of Delinquency: Problems and Programs*. New York: Macmillan, 1968. pp. 313-324.**

The Chicago Area Project, founded in 1929 and directed by Clidford R. Shaw, was a delinquency prevention program that attempted from the beginning to relate its procedures in a logical manner to sociological postulates and the findings of sociological research. Studies of the ecology of delinquency showed that high delinquency areas were areas of rapid social change and disruption of cross-generational control. They were predominantly immigrant communities in the decaying heart of the city. Studies of the social experience of delinquent boys led to the conclusion that delinquent behavior was socially adaptive behavior in these areas, often representing efforts of the individual to find and vindicate his status as a human being. Thus, delinquency was regarded in the area project as a reversible accident of the person's social experience, and in its most general aspect, a product of the breakdown of the machinery of spontaneous social control. The action program of the project was based upon the assumption that active participation of area residents in a delinquency prevention program or any other welfare program was prerequisite for success. The organization of various groups within the communities are described; the neighborhood organizations programs included, to varying degrees, recreational programs, community improvement programs, and direct activity with delinquent children and gangs. In assessing the achievements of the program after 30 years of activity, three major contributions are pointed out: (1) demonstration of the feasibility of creating youth welfare organizations among residents of delinquency areas; (2) demonstration of the effectiveness of establishing direct and personal contact to help delinquents establish acceptable norms of conduct; and (3) demonstration of the need and benefits of tempering the impersonality of the machinery of control and correction of deviants. 8 references. (Author abstract modified)

**496. Kohn, Martin, and Rosman, Bernice L. A two-factor model of emotional disturbance in the young child: Validity and screening efficiency. *Journal of Child Psychology and Psychiatry etc.* (Oxford), 14(1):31-56, 1973.**

The validity of a proposed two-factor model of emotional disturbance was tested in 1,425 children, 3-7 years old in day care centers, day treatment facilities, and a mental hospital. Two teacher rating instruments, the Social Competence Scale and the Problem Checklist, both of which measure two major, relatively orthogonal factor dimensions of social emotional functioning, (interest-participation versus apathy-withdrawal) and (cooperation-compliance versus anger-defiance.) The children were divided into groups varying in level of disturbance. Disturbed children scored significantly higher than healthy children on either apathy-withdrawal or anger-defiance, or both. The factor dimensions were found efficient for the selection and identification of disturbed children from a normal population. 22 references. (Author abstract)

**497. Kohn, Martin, and Rosman, B. L. A social competence scale and problem checklist for the preschool child: Factor dimensions, their cross-instrument generality, and longitudinal persistence. *Developmental Psychology,* in press.**

The Social Competence Scale is an instrument designed to measure two bipolar dimensions of social-emotional functioning in preschool children: interest-participation versus apathy-withdrawal and cooperation-compliance versus anger-defiance. The instrument, intended for use with 3-to-5-year-old children in day care programs, is designed primarily for assessing their social-emotional functioning as well as identifying those who are disturbed. The Social Competence Scale contains 73 rating scale items in the daycare version and 64 items in the half-day program version. A sample item is: child displays enthusiasm about school and play. The Social Competence Scale was developed through application of factor analysis to ratings by pairs of full-time teachers on 407 children in public daycare centers. Items had been included which fit various categories of high and low socially competent behavior. Only the first two of six rotated factors were retained for use. The instrument is filled in by the teacher and requires both a rating form and scoring sheet. Approximately 15 to 20 minutes are required to complete the instrument on one child. The Social Competence Scale is scored by use of scoring keys; scoring requires approximately 3 minutes. Normative data are available on request from the senior author. Reliability and validity data are available in the source document Major applications of the instrument have been with children from deprived backgrounds, children in need of special attention, and disturbed children. A copy of the instrument is available from the first author. (Author abstract modified)

**498. Korchin, Sheldon J.; Basowitz, Harold; Grinker, Roy R.; Hamburg, David A.; Persky, Harold; Sabshin, Melvin; Heath, Helen; and Board, Francis A. Experience of perceptual distortion as a source of anxiety. *Archives of Neurology & Psychiatry*, 80:98-113, 1958.**

A technique was developed and used in a study of stress behavior of 11 psychiatric (anxiety-prone) patients and 5 normals. The stress condition consisted of two tasks in which the subject's judgment of visual material proved to be incorrect in validation against more detailed examination of the material. In the 15-item length estimation task, the subject judged which of two lines was longer and was then given two different lines to measure. In the 8-item picture description task, he was shown a photograph and was then given a different but similar photograph for detailed inspection. The subjects were led to interpret the situation as a test of mental health and inaccuracy as a sign of psychological breakdown; they were confronted with the unaccountable experience of error in a simple perceptual judgment. The tests were given on 3 days, following a preexperimental day without specific stress. The stress was found to be convincing and to lead to discernible disturbed emotional response in both normal and anxious subjects. The normals' responses were more specific and appropriate to the focal stresses, and in general more adaptive than the patients' responses, as shown in before-and-after interview and observation measures. The more disturbed patients were more responsive to the situation in general, and their behavior was less related to the specific stress events. 16 references.

**499. Kotaskova, J. Prispevek k validizaci metody doll-play pomoci srovnani Anglickych, Norskych a Ceskych dat: 3. cast souborneho pojednani. [Contribution to the validation of the technique of doll-play by comparison of English, Norwegian, and Czech data: Third part of a general discourse.] *Ceskoslovenska Psychologie* (Praha), 15(1):34-54, 1971.**

Comparison of various types of solutions of standard situations in the London doll-play technique proposed by a sample of 115 healthy English and 120 healthy Czech children (ages 4 to 6) and a group of 18 Norwegian children (ages 5 to 6) indicated an overwhelming congruence of trends among the 3 groups. In all cases, the factors of age and sex exerted a significant influence on the manner of projective solution of normal domestic situations, conflicts, and frustrations. Girls were found superior to boys in problem solving, and constructiveness in solutions was shown to increase with age. The method is sufficiently sensitive to register the process of interiorization of moral standards, or maturity of moral judgments, that takes place between ages 4 and 6. The evaluations by children of particular situations and accompanying attitudes towards them were influenced greatly by the degree of social maturity within each one. Certain differences between the groups which were observed in the evaluation of misbehavior, fantasy aggression, and in solutions for deprivation situations upon waking at night are attributable to cultural and educational distinctions as well as to varying interpretations of situations as more or less threatening. 8 references. (Author abstract modified)

**500. Kral, V. A. Primary prevention of specific disorders: In geriatric psychiatry. In: Roberts, C., ed. *Primary Prevention of Psychiatric Disorders*. Toronto: University of Toronto Press, 1968. pp. 129-139.**

The most frequently encountered mental disorders in aging population are the neurotic reactions, functional psychoses of the manic-depressive type, late paraphrenias, arteriosclerotic psychoses, senile psychoses, and acute confusional states. The main dynamic causative factor in the neurotic conditions is anxiety related to the debilities of aging. Acute and chronic stresses suffered in old age appear to be important factors in the etiology of mental disorders in old age. Emotional security in childhood tends to increase the ability of the individual to adjust to stressful situations in later life. 24 references.

**501. Kris, Ernst. Neutralization and sublimation: Observations on young children: IV. *Psychoanalytic Study of the Child*, 10:43-46, 1955.**

Some findings from a study of developmental deficits in institutionalized children are discussed in regard to sublimation and neutralization. No activity that involves higher organization of discharge, problem solving, and thinking as related to action develops in these children as it does in normals. What seems to be lacking is initiative. The following hypothesis is developed: Maturational processes are more closely connected with noninstinctual energies, while organization of action and problem solving is more dependent on the neutralization of instinctual energy. Only the combination of both energies in the investment of the ego leads to the normally expected developmental steps during the later part of the first and the second years of life. The neutralization of instinctual energy presumably does not occur or does not become effective in institutionalized children because a central love object is absent. 17 references.

**502. Kubler-Ross, Elisabeth. Dying with dignity. *Canadian Nurse* (Ottawa), 67(10):31-35, 1971.**

Based on interviews with some 500 dying patients, it is suggested that society must allow the dying, who are about to lose everyone and everything they know, to reach the acceptance of their own death with dignity and in peace. There was a general refusal on the part of hospital personnel to admit there was such a thing as a dying patient, and this lack of acceptance of the inevitability of death was transmitted to patients. To be able to really minister to these patients, hospital personnel must admit that they too are afraid of death and learn to overcome that fear. General observations are made of the various attitudes patients have toward their death: fear; denial; anger at God; bargaining for prolongation of life; depression; and acceptance. It is concluded that there would be fewer problems in helping terminally ill patients if staff members, trained to prolong life, but not trained to cope with a patient who is beyond medical help and who, in an effort to prolong life, often deny the right of a patient to a peaceful and dignified death, were trained in teaching acceptance of death as a natural and inevitable event.

**503. Kuhlen, Raymond G.; Carroll, John B.; King, W.H.; Anderson, Richard C.; and Guilford, J.P. Concept development and problem-solving. In: Kuhlen, R., ed. *Studies in Educational Psychology*. Waltham, Mass.: Blaisdell, 1968. pp. 298-344.**

This chapter contains two papers dealing with concepts and their development and two relating more to problem solving. The first paper, by Carroll, is a very careful and lucid examination of the meaning of words and of the concepts they represent, written specifically for educators. It evaluates the contribution of laboratory psychology and provides concrete examples of how teachers may deal with the teaching of concepts. A second paper, by W.H. King, a British psychologist, describes how children's concepts develop as a result of their own maturation and interaction with their environment, but frequently without the aid of formal educational efforts. A paper by Anderson describes how it is possible to teach problem-solving skills to children in the first grade. And a final paper, by Guilford, describes factors that aid or hinder the creative process. 4 references. (Author abstract)

**504. Kut, Sara. The changing pattern of transference in the analysis of an eleven-year-old girl. *Psychoanalytic Study of the Child*, 8:355-378, 1953.**

Libidinal development throughout this child's analysis is a reaction to a series of traumata as well as to the particular pressure from the environment. The pre-Oedipal phase of the libido development describes the infant's growing activity which gradually replaces more and more of the early passivity. Activity on the part of the child, however, implies aggressive tendencies expressed toward the mother. The birth of a sister some time later, and the birth of a brother at the height of the Oedipal conflict, facilitated the regression to earlier levels of libido development, at which fixation points had been established. The learning was closely linked with her object relationship and at that stage it just was not worthwhile pleasing either parent, since they had both forsaken her. The sadism of her sadomasochistic object relationships was contained in the learning inhibition, for in an intellectual family of this kind, success at school is highly valued. The nature of the transference in early puberty, in this case, cannot yet be assessed. 5 references. (Author abstract modified)

**505. Kysar, John E.; Zaks, Misha S.; Schuchman, Herman P.; Schon, Gerald L.; and Rogers, John. Range of psychological functioning in "normal" late adolescents. *Archives of General Psychiatry*, 21(5):515-528, 1969.**

Prevailing theory has maintained that internal turmoil, crisis, acting-out behavior, and other symptomatology are characteristic of the adolescent stage of development. Thus, on a theoretical basis, we would expect to find evidence of this in a large majority of freshmen college students. However, a large majority of randomly selected freshmen from an urban commuter campus do not show detectable psychiatric symptoms, adolescent crises, or turmoil. The majority (54.5 percent) of freshmen were found to be healthy and 23.4 percent were only slightly impaired (questionably significant) in their psychological functioning. Nearly 78 percent were relatively free of turmoil and symptoms. The remaining 22 percent of the total subjects (or 28.5 percent of the males) had definite impairment of their psychological functioning characterized chiefly by constricted behavior patterns and disabling defense modes. In diagnostic terms, these late adolescents predominantly had personality disorders of the compulsive, schizoid, or passive-aggressive types. Our evidence indicates that a significant minority of college students must pay a measurable price for the conflicts and tensions involved in crossing the threshold from childhood to adulthood. Academic functioning and social and psychosexual behavior are the areas most commonly impaired. It is apparent that there is a need for standby services at this developmental phase. Mental health facilities need to be readily available for this age group. A little competent professional help goes a long way during this critical period of growth. 13 references. (Author abstract modified)

**506. Ladner, Joyce A.** ***Tomorrow's Tomorrow: The Black Woman.*** **Garden City, New York: Doubleday, 1971.**

The role of white racism in the processes by which low-income black girls approach and become women is studied. It is contended that blacks are the sum of neocolonial brutalization and that their emerging socially defined deviant behavior patterns are creative adaptations to this condition. Data are provided from a study of an all black, low-income housing project in a slum area of St. Louis, Missouri. Life histories and questionnaire responses concerning attitudes and behavior that reflected approaching womanhood are included for a group of adolescent girls between ages 13 and 18. Topics include: (1) discussion of black womanhood from a historical perspective, including its African background and the effects of slavery; (2) features of growing up as a minority group citizen where emphasis is placed on the significant role of the peer group and extended family in attitude development; (3) the problem of racial oppression and the personality and self-esteem of the black girl; (4) definitions of womanhood and images of black womanhood; and (5) psychological and physiological aspects of maturation as reflected in the experiences of black girls.

**507. Lamal, Peter A. Imitation learning of information-processing. *Journal of Experimental Child Psychology,* 12(2): 223-227, 1971.**

Modified 20-question problems were solved by 72 ss in a study of the influence of an adult model on the information processing strategy used by children of various grade levels. The independent variables were: (A) information processing of model (hypothesis scanning, constraint seeking, or control); (B) sex of model; (C) school grade (3, 5, or 7); and (D) sex of s. Major results were: (A) fewer questions to solution with the constraint-seeking model than the hypothesis-testing model or control, which did not differ; (B) both a smaller percentage of constraint questions and fewer items per question with the hypothesis-scanning model; (C) shorter time to solution for ss who had observed a model than for control ss; (D) a lower percentage of constraints for third graders, as well as fewer items per question for third and fifth graders; (E) shorter time to solution for fifth graders than third graders, with no difference between fifth and seventh graders and seventh and third graders; and (F) no effects for model sex or s sex. 4 references. (Author abstract)

**508. Lambo, T. Adeoye. The African mind in contemporary conflict. *International Social Work,* 14(4):42-53, 1971.**

The impact of the Western style of life and its technology is creating conflicts for existing African societies. Western medicine in its present form is not able to cope satisfactorily with many of these tensions, which may lead to emotional disturbances and mental illness. When adaptation to new and stressful life situations becomes difficult, anxiety with aggressive behaviors often occurs, sometimes leading to crimes of ritual murder. The impersonality, size, complexity, and rigidity of the newly evolved institutions tend to induce a feeling of helplessness and alienation from society. There is great need for developing alternative patterns of mental health care. Another necessity is the search for a more refined and better designed strategy for the development and control of the human environment.

**509. Lane, Mary B. Conflict as viewed by children. *Childhood Education,* 49(5):238-241, 1973.**

Conflicts experienced by children are classified as: (1) those emanating from children's egocentricity, and (2) those imposed upon them by society or by adults. A developmental approach to

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helping children cope with such conflicts is focused on protecting them while helping them to understand the need for coping strategies. If children are allowed to help in problem solving, there may be more creative solutions than if adults impose solutions. 3 references.

**510. Lang, Priscilla A., and Oppenheimer, Jeanette R. The influence of social work when parents are faced with the fatal illness of a child. *Social Casework,* 49(3):161-166, 1968.**

A study of 165 sets of parents who were faced with the fatal illness of a child showed that approximately 54 percent were moderately successful, 31 percent successful, and 15 percent unsuccessful in coping with the crisis. The ability of the parents to cope with this stress was based on their ego strength. It was shown that it is possible to predict with reasonable accuracy the parents' need for social work service and that well-timed service can be minimal but effective. It was clearly demonstrated that human beings have the capacity to mature and grow in the process of learning to cope with severe stress and that social work can help with this process.

**511. Langdell, John. Depressive reactions of childhood and adolescence. In: Szurek, S., ed. *Clinical Studies in Childhood Psychoses.* New York: Brunner Mazel, 1973. pp. 127-148.**

In a study of depressive reactions of childhood and adolescence, it is noted that an infant's response to loss of maternal nurturance is the prototype of a mourning or grief reaction and forms a primordial anlage for depressive reactions of later life. The prototype for the loss of self-esteem in adults may be observed in a child's repeated and hostile reaction to loss of parental approval with the parents' disapproval incorporated to become lack of self-approval or loss of self-esteem. Such experiences of object loss or loss of self-esteem in childhood may predispose to depressive reactions in later life which are precipitated by personal object loss or loss of self-esteem. 63 references. (Author abstract modified)

**512. Langer, Ellen J.; Janis, Irving L.; and Wolfer, John A. Reduction of psychological stress in surgical patients. *Journal of Experimental Social Psychology,* 11(2):155-165, 1975.**

The effectiveness of two stress-reducing strategies in a field setting was assessed. The first strategy consists of a coping device which entails the cognitive reappraisal of anxiety-provoking events, calming self-talk, and cognitive control through selective attention. The second strategy consists of supplying information about the threatening event, along with reassurances for the pur-

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pose of producing emotional inoculation. Patients about to undergo major surgery were exposed to either the coping device, the preparatory information, both strategies, or neither. The prediction that the coping device would effectively reduce both preoperative and postoperative stress was confirmed. An analysis of nurses' ratings of preoperative stress showed a significant main effect for the coping device, as well as one of the postoperative measures (number of pain relievers requested and proportion of patients requesting sedatives). The preparatory information, however, did not produce any significant effects on these postoperative measures. 25 references. (Author abstract)

**513. Langgulung, Hasan. A cross-cultural study of the child's conception of situational causality in India, Western Samoa, Mexico, and the United States. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-2504 (HC, $10; MF, $4).**

The development of causal thinking of children in India, Western Samoa, Mexico, and the United States was investigated in ss according to grade levels 4 and 6 and subcultures (advantaged and disadvantaged). Within Mexican and U.S. cultures, ss were also classified according to sex, and a separate sample was drawn from the Indian culture to compare the Hindus and Muslims. Two basic categories were developed: causal and noncausal; and the total number of responses was considered the index of fluency, as determined by performance on the guess causes part of the Torrance tests of creative thinking. The results indicated that: (1) Indian and U.S. ss are significantly more causally oriented than their counterparts in Western Samoa and Mexico; (2) sixth graders are significantly more causally oriented than their fourth-grade counterparts, except in India; (3) advantaged children are more causally oriented than disadvantaged ss; (4) within the Mexican and U.S. sample, there were no sex differences in causal orientation; (5) there were no differences between the Hindu and Muslim children in this category; (6) noncausal responses appeared in all groups evaluated, differing in amount according to culture, socioeconomic status, and grade level; (7) Indian children are the most fluent and Western Samoan children, the least. (Journal abstract modified)

**514. Lat, Josef; Martinek, Z.; Gollova-Hemon, E.; Irmis, Felix; and Pribik, V. Laboratory of physiology and pathophysiology of behaviour. In: *Psychiatric Research Institute: Annual Report* (1968-1970). Prague: Psychiatric Research Institute, L97L. pp. 57-63.**

Activities of the Laboratory of Physiology and Pathophysiology of Behavior are reported for 1968-70 in the Annual Report of the Psychiatric Research Institute. A joint research team from the Institute and the Physiological Institute (Czechoslovak Academy of Sciences) has conducted research for 10 years into the biological and physiological basis of individuality. Under investigation in the report period have been: (1) elaboration of diagnostic methods in overt behavior, reactivity of the autonomic system, and electroencephalographic activity; (2) manifestations of basic constitutional traits in normal and abnormal behavior in goal-directed behavior, learning ability, and adaptive capacity to various types of stress; (3) ontogenetic changes of constitutional traits; and (4) physiological determinants of constitutional traits, including dietary and endocrinological treatment on body growth and central nervous system (CNS) excitability in rats. The importance of, and the continuing effort toward better understanding of, the nonspecific excitability level of the CNS is stressed in the research.

**515. Laufer, Moses. The body image, the function of masturbation, and adolescence: Problems of the ownership of the body. *Psychoanalytic Study of the Child,* 23:133-137, 1968.**

The relationship between masturbation, the body image, and adolescence as a developmental stage is discussed. Although the fantasies and the attitudes of adolescent patients toward their bodies could be viewed simply as defensive efforts against the positive Oedipal wishes, it is proposed that the need to disown their bodies is strengthened by the onset of puberty which apparently endangers the earlier defense against the aggression directed at the mother. This formulation applies to both male and female patients, but implies that the resulting pathology will be different in boys and girls. 55 references.

**516. Laury, Gabriel V. A schizoid life style. *New York State Journal of Medicine,* 70(22):2809-2814, 1970.**

Some schizophrenic individuals who appear to function adequately are sustained by having a schizophrenic lifestyle which has adaptive and protective functions. Contemporary psychiatrists trace the cause of schizophrenia to inherited predisposition and feel the onset is precipitated mainly by the stresses of life on the afflicted person. Compensated schizophrenics, those who exhibit few signs and are difficult to diagnose, appear to be normal by relying on their intellect or their talent for imitation. If they are not vulnerable or overstressed, they may never suffer a breakdown. For one physician, his schizophrenic lifestyle served as a protection which helped him go through life without breaking down. Another highly intelligent schizophrenic functioned below his capacities by working in a post office at night and refusing promotion in order not to upset his painfully maintained equilibrium. Some schizophrenics become chronic students. In this way, they avoid settling down, being on their own, choosing careers, and accepting responsibilities. Others need the collective warmth of a crowd to give them a feeling of security. 11 references.

**517. Law, E. G. The growth of mathematical thinking during the secondary school years, with particular reference to problem solving. *British Journal of Educational Psychology* (Birmingham), 39(2):192-193, 1969.**

The growth of mathematical thinking during the secondary school years, with particular reference to problem solving, is studied. The school was a highly selective boys' grammar school, the lowest IQ being around 120. Altogether, 492 problem situations were studied, so that each boy attempted at least one problem. The method of talking out was adopted. The subject attempted the problem in writing while at the same time voicing his thoughts. The experimenter's function was that of an observer and recorder, and he intervened only to clarify doubtful verbalization or to encourage further effort. The results show that neither the clear superiority of the upper set in terms of school examinations nor the greater mathematical experience of the older boy seems to confer a definite advantage in a problem-solving situation. It also appears that some relationship exists between problem-solving ability and IQ.

**518. Lawton, M. Powell, and Nahemow, Lucille. Ecology and the aging process. In: Eisdorfer, C., ed. *The Psychology of Adult Development and Aging.* Washington, D.C.: American Psychological Assoc., 1973. pp. 619-674.**

There appears to be an increasing amount of empirical investigation regarding the environment of older people. A key concept in ecology is adaptation to change. Investigations of environmental dimensions, the apprehended environment, individual environmental information-processing characteristics, and studies of older people behaving in specifiable environments are presented. A model of man/environment transactions is proposed using the following components: degree of individual competence; environmental stress; adaptive behavior; affective responses; and adaptation level. 152 references.

**519. Lazarus, Richard S. The concepts of stress and disease. In: Levi, L., ed. *Society, Stress and Disease,* Vol. 1. London: Oxford University Press, 1971. pp. 53-58.**

The concepts of stress and disease are discussed. Stress is defined as a very broad class of problems differentiated from other problem areas because it deals with any demands which tax the system and the response of that system; disease is defined as any psychological or physiological maladaptation. A stimulus might be a physiological stressor without being a psychological stressor, although the opposite is not possible; stress may be pleasant in some instances; and coping within one realm of stress, say the psychological, although it will often reduce or eliminate psychological stress reactions, may have no ameliorating influence with respect to physiological stress reactions. The distinction between psychological stress and physiological stress is basic. 14 references.

**520. Lazarus, Richard S. Cognitive and personality factors underlying threat and coping. In: Levine, S., ed. *Social Stress.* Chicago: Aldine Publishing, 1970. pp. 143-164.**

The theme is developed that emotion or stress is the effect, rather than the cause, of cognitive and behavioral reactions, especially maladaptive ones. In dealing with the importance of individual differences in coping processes that arise in response to threat and which influence the observable reaction pattern, two concepts are emphasized: (1) that stress reactions are reflections or consequences of coping processes intended to reduce threat; and (2) that these coping processes (and the observable reactions) depend, in part, on cognitive activity very similar in kind to the process of threat appraisal. Interactions between situational and personality determinants of appraisal and coping are discussed. 29 references.

**521. Lazarus, Richard S. A cognitively oriented psychologist looks at biofeedback. *American Psychologist,* 30(5):553-561, 1975.**

The nature of biofeedback processes is examined from the viewpoint of a cognitively oriented psychologist. It is argued that feedback is one of the most profound and unifying concepts in all of the behavioral sciences. It is pointed out that: (1) the somatic reactions with which biofeedback deals are part of a much broader set of issues; namely, those related to the stress emotions and their role in human adaptation; (2) emotional processes and their self-regulation are products of mediating cognitive appraisals about the significance of an event for a person's well-being; and (3) the control of somatic processes is an integral aspect of emotional states and their self-regulation. 33 references.

**522. Lazarus, Richard S. Environmental planning in the context of stress and adaptation. In: Levi, L., ed. *Society,***

***Stress and Disease*. Vol. 1. London: Oxford University Press, 1971. pp. 436-444.**

The issues of environmental planning are approached from the perspective of stress and disease and adaptation. The variability of needs—cultural and subcultural, social class, human capacity, and development—is noted, and it is stressed that although the rules of frustration, stress, coping, and maladaptive behavior apply universally, their mode of operation depends on specific variables. Ways in which the environment, physical or social, can be harmful are considered, with the conclusion drawn that environmental planning might be redirected from the focus on the design of physical environments in which people live to the social institutions under which they live. The premise is that social institutions which shape human relationships are the most important sources of stress and maladaptive behavior in many societies and subsocieties. Environmental planning must therefore distinguish between the important and unimportant sources of stress and maladaptation, and the important and unimportant sources of satisfaction, and give more attention to the things which have a major impact on human lives. 17 references.

**523. Leeb, Stephen. A cognitive framework for viewing psychological phenomena: Its theoretical justification and empirical application to rigidity, aspects of creativity, anxiety and adjustment. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-12266 (HC, $10; MF, $4). 150 pp.**

The theoretical justification and empirical application of a cognitive framework to rigidity, aspects of creativity, anxiety, and adjustment were studied. The most elemental construct in the framework is a unit of meaning (UM). The UM is defined for any particular individual as a discrete unit of information. For any individual, his collection of UMs marks the total amount of information or knowledge available to him. The results are strongly confirmatory in general. The relationships among the independent variables that were predicted to correspond or correlate with particular traits did, on the whole, correlate significantly (in a statistical sense) with these traits (actually, operational definitions of the traits). The results are seen as confirming from two points of view: (1) on the level of the particular relationships; and (2) on the level of the general theoretical framework as a whole. (Journal abstract modified)

**524. Lehr, Claire J., and Hendrickson, Norejane. Children's attitudes toward a family move. *Mental Hygiene,* 52(3):381-385, 1968.**

A study of children's attitudes toward a family move was made, including a literature review. Subjects were 153 elementary-school children from middle-class families who had recently moved. Personal, 15-minute interviews were conducted, and the children's responses were suitably grouped and coded. The statistically significant factors were: (1) leaving friends was more difficult for first-time movers than for children who had moved more than once; (2) more boys than girls missed their old neighborhood friends; (3) more girls than boys were involved in extracurricular lessons (such as dancing, music, etc.); (4) first-time movers had positive attitudes toward going to a new school; and (5) girls wanted schools to send them letters of welcome, but boys did not. No significant differences in adjustment were found between: (1) children who had siblings as compared to those who did not; (2) children who had moved a major distance as opposed to minor distance; and (3) boys and girls. The major conclusion was that, if the nuclear family is intact and there has been no previous trauma, a change of residence in an upper-middle-class family is not, in itself, a traumatic event. A family move can teach a child adaptability and self-reliance and give him a more cosmopolitan outlook on life. 10 references.

**525. Lenzer, Anthony Michael. Social adjustment in old age: A multivariate analysis. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-15216 (HC, $10; MF, $4). 194 pp.**

The hypotheses that social adjustment declines with age; that certain social and demographic characteristics are associated with good adjustment; and that social and psychological disengagement increases with age are examined by multivariate analysis over a sample of noninstitutionalized white persons age 60 and over. An additional sample of 55-59 year olds was used in analyzing how age changes adjustment. A factor analytic technique successfully identified four measures of adjustment: coping; response seeking; self-confidence; and anxiety, each of which taps a different dimension of adjustment. Multiple regression analysis revealed some statistically significant relationships between each of the four adjustment measures and certain background characteristics of the older respondents. These data, however, were not sufficient to support the contention that standard sociological characteristics are useful in explaining adjustment to old age. In analyzing for disengagement, little evidence was found that aging brings a decline in contact with friends and relatives, in desire for attention or affection, or in concern about the community or world. (Journal abstract modified)

**526. Leonard, Martha F. The significance of pica in children.** ***Connecticut Medicine*, 35(8):479-482, 1971.**

The practice of pica (chewing on and swallowing nonedible substances) is described and its relationship to childhood lead poisioning is examined. Questions about pica should be part of every pediatric history, and every child with a history of pica should be screened for lead intoxication. Pica is related to a child's relationships with his parents and the meaning which is given to sucking and oral activities. It is usually associated with a disturbance in relationship of the child with his mother—a relationship which may be strained by the problems of the mother which interfere with her ability to nurture, or by the particular needs of the child. Pica is rarely seen in infants who receive adequate satisfaction of their emotional needs. The stresses upon the adaptive capacities of the mother and the reality problems of living, imposed by conditions of poverty and discrimination, appear to increase the likelihood that this specific symptom will be found somewhat more frequently among the poor, though it may occur in any child. It would be a great mistake to equate inadequate nurturing with socioeconomic status. There is need for increased understanding of pica to allow more effective prevention or early intervention. 6 references. (Author abstract modified)

**527. Leonova, Yu I. K voprosu o nevrozopodobnykh sostoyaniyakh v klimaktericheskom periode. [Pseudoneurotic states in the climacteric period.]** ***Zhurnal Nevropatologii i Psikhiatrii Imeni S. S. Korsakova*** **(Moskva), 69(9):1388-1393, 1969.**

Pseudoneurotic conditions of climacteric genesis may be caused by various presenile diseases. The pseudohysterical syndrome is one of the most frequently expressed disorders. Although hysterical traits are inherent to involutional disturbances in general, among the pseudoneurotic states of climacteric genesis it is possible to isolate patients with asthenodepressive, asthenohypochondriacal, cenesthopathical, and anxiety-phobic syndromes. The common distinctive features of these pseudoneurotic states are the combination of affective personality disorders with hysterical ones, an abundance of vegetative vascular and diencephalic disturbances, and protracted nature of the disease, which in some cases follows a progressive course and is accompanied by secondary psychopathization of the personality. 28 references. (Author abstract modified)

**528. Leskow, Sonia, and Smock, Charles D. Developmental changes in problem-solving strategies.** ***Developmental Psychology*, 2(3):412-422, 1970.**

An investigation was concerned with developmental changes in problem-solving strategies as reflected in children's solutions to permutation problems. Sixteen boys and 16 girls at each of three age levels (12, 15, and 18), homogeneous with respect to socioeconomic and ability level, were administered four permutation tasks that varied with respect to representational level and degree of task structure within an element set. In addition to the usual product measure of problem-solving efficiency (number of unrepeated arrangements), measures of strategies reflecting the experimental procedure of holding variables constant (holding initial marks constant, in this case), and degree of development of rule systems reflecting mathematical group properties were developed. Analysis of these data revealed two major nonexclusive problem-solving strategies which increased with age: (1) one reflecting mathematical group structure; and (2) one of holding initial marks constant while permuting the remainder. In addition, the data indicated differential developmental trends in the usual product score as compared to the strategy scores. Stimulus variables had a complex effect on strategy selection and suggest significant sex as well as age differences. The implications of these data for further research on developmental strategies in problem solving and cognitive theory are presented. 12 references. (Journal abstract modified)

**529. Lesse, Stanley. The influence of socioeconomic and sociotechnologic systems on emotional illness. *American Journal of Psychotherapy,* 22(4):569-576, 1968.**

The sweeping economic, political, and philosophic changes of the past 60 years have relatively little influence on the development of psychotherapeutic theory or techniques. Social scientists, on the other hand, while they have a greater understanding of sociocultural forces, have little awareness of the reciprocal relationships between these forces and the individual man. The question of whether positive supports to one's ego structure may be automatically incorporated in a given socioeconomic or sociopolitical system, or whether a given economic or political system, by its very nature, may place undue stress upon one's adaptive mechanisms is considered. The answers to such questions depend upon an understanding of the relationships between sociodynamics and psychodynamics. This type of understanding will require the training of men in a new science that might be termed sociopsychology or psychosociology. The urgent need for the development of trained psychosociologists who will comprehend the interrelationships between broad sociodynamic and psychodynamic forces is illustrated by trends currently taking place in Japan and India, countries that are emerging from centuries-old traditional cultural backgrounds into the scientific-industrial era. The effects of sociocultural and sociotechnologic change on the type of emotional illnesses seen are described and discussed. 2 references. (Author abstract)

**530. Lesser, Leonard I. The Children's Psychopharmacology Clinic: Its role within a total program for children's psychiatric services.** ***Acta Paedopsychiatrica*** **(Basel), 37(7-8):212-222, 1970.**

A psychopharmacology clinic for children in California is discussed. The Children's Psychopharmacology Clinic of the LAC/USC Medical Center, established within the framework of the Children's Psychiatric Out-Patient Clinic to treat children with central nervous system damage, evolved into functions of: (1) increasing service needs of the institution; (2) aiding in rendering crisis services to children and their families; and (3) establishing a reservoir of appropriate case material for inpatient services and teaching assignments. During this study, some 300 children and their families were treated, approximately 30 percent of whom were psychotic. In a large number, the incorporation of psychopharmacological agents enabled the disturbed child to remain within his home while more distant goals could be planned. Preliminary studies suggest that psychopharmacological agents bring about a rapid symptomatic improvement in the child, followed by a plateau which is maintained. If this can occur at a point of crisis, intervention can prevent deterioration of the child's social milieu and facilitate the recovery process. 14 references. (Journal abstract modified)

**531. Lesser, Stanley R., and Easser, B. Ruth. Personality differences in the perceptually handicapped.** ***Journal of the American Academy of Child Psychiatry*****, 11(3):458-466, 1972.**

Personality differences in the perceptually handicapped are discussed. The discussion concerns the congenitally deaf child, with the blind child used only for contrast and emphasis. Many deaf people have the following personality characteristics: egocentricity; rigidity; impulsivity without accompaniment of anxiety or guilt; a paucity of empathy; and a lack of realization of the effect of their behavior on others. These obsessive traits are reinforced by the usual rearing and educational practices met by the deaf. The conclusion is that the usual psychopathological categories are poorly applicable to children whose development from birth is different from the development of those who can see and hear. Some psychic characteristics usually considered primary, such as organization of emotions, are shown to be subject to further analysis both genetically and organizationally. It is recommended that, when evaluating, diagnosing, and treating, one must be aware of his own underlying sets and biases in order not to fall into the trap of too easily reaching conclusions which preclude one's fuller understanding of both the usual and the deviant. 19 references.

**532. Lessing, Elise E., and Oberlander, Mark. Birth order and personality adjustment as evaluated by the California Test of Personality and the IPAT Children's Personality Questionnaire. *Psychological Reports*, 31(1):23-27, 1972.**

In a study of the effects of ordinal position in the family, the three adjustment scores of the California Test of Personality and the anxiety and neuroticism scores of the Institute for Personality and Ability Testing Children's Personality Questionnaire served as dependent variables in statistical analyses of data from 144 elementary school children in one sample and 238 in another. No main effects of birth order or family size were obtained and interactions involving these variables were few. It was concluded that though the effects of family constellation factors are limited and variable, a continuing research focus on them is justified because of the low ratio of costs to benefits when they do yield valid predictions. 9 references. (Author abstract modified)

**533. Lessing, Elise E. Racial differences in indices of ego functioning relevant to academic achievement. *Journal of Genetic Psychology*, 115:153-167, 1969.**

Racial differences regarding two indices related to adaptive ego functioning shown by previous research to be related to academic achievement were investigated in 8th- and 11th-grade students. With particular emphasis upon controlling other important variables such as IQ and social class, three hypotheses were explored: (1) Negro students have significantly lower academic achievement than white students; (2) the ego attitudes of sense of personal control and willingness to delay gratification are closely related to academic achievement; (3) Negro children score much lower than white children on measures of both indices of adaptive ego functioning. Hypotheses one and three were fully supported, while the second received partial support. The ego variables were interpreted as contributing to a vicious cycle, with the Negro child's intellectual and psychological handicaps interacting with each other to increase the amount of deficit. 32 references.

**534. Leuner, Hanscarl. Uber den rauschmittelmissbrauch jugendlicher. [On adolescent drug abuse.] *Nervenarzt* (Berlin), 42(6):281-291, 1971.**

The present state of knowledge about the drug wave affecting the youth of civilized countries is reviewed. The problem is multilayered and confronts the psychiatrist, psychotherapist, and physician with an abundance of aspects, not all of which are medical. Criminological, forensic, pharmacological, and psychiatric factors are relevant. Other contributions are made in the areas of adolescent psychiatry, juvenile delinquency, research in hallucinogenic drugs, motivational research, developmental psychology, as well as by theories of psychodynamics and neurosis. Sociological and sociopolitical matters also offer tangential insights. Education, prophylaxis, and therapy point toward new methods by which young people can be helped and influenced. Fundamental questions are raised concerning the self-image of humans growing up in a meaningless technological society, deprived of value-oriented ideologies and largely freed of survival anxieties. 81 references. (Author abstract modified)

**535. Levenson, Marvin, and Neuringer, Charles. Problem-solving behavior in suicidal adolescents. *Journal of Consulting and Clinical Psychology*, 37(3):433-436, 1971.**

An attempt was made to evaluate the assumption that suicidal behavior in adolescents is linked to diminished problem-solving capacity. The WAIS Arithmetic Subtest and the Rokeach Map Reading Problems Test were administered to 13 suicidal, 13 psychiatric but nonsuicidal, and 13 normal adolescents. It was found that the suicidal group made significantly lower WAIS Arithmetic Subtest scores and failed the Rokeach Map Test problems more often than the psychiatric and normal ss. It was concluded that the assumption of diminished problem solving capacity in suicidal adolescents is correct. 24 references. (Author abstract)

**536. Levenson, Marvin, and Neuringer, Charles. Phenomenal environmental oppressiveness in suicidal adolescents. *Journal of Genetic Psychology*, 120:253-256, 1972.**

An investigation of the hypothesis that suicidal adolescents perceive their environment as being more oppressive than that experienced by other adolescents is presented. Selected cards from the Thematic Apperception Test (TAT) were administered to suicidal, psychiatric but nonsuicidal, and normal adolescents and their protocols analyzed for number of environmental presses appearing in the TAT stories of the three groups of subjects. If the measures used in the study were valid indicators of phenomenal environmental oppressiveness, then it would seem that suicidal adolescents do not see their world as any more overwhelming or overpowering than do others of the same age. There is evidence that suicidal individuals are restricted in their abilities to cope with their environments due to cognitive deficiencies. It is felt the suicidal adolescent does feel helpless, but not because he feels phenomenally overwhelmed, but because he cannot cope with his environment. 12 references. (Author abstract modified)

**537. Levine, Saul V. Draft dodgers: Coping with stress, adapting to exile. *American Journal of Orthopsychiatry*, 41(2):241-242, 1971.**

A paper presented at the 48th annual meeting of the American Orthopsychiatric Association is summarized, in which experiences as an informal psychiatric consultant to four urban draft dodger communes in Canada are discussed. The move to Canada is seen as similar to other crises that necessitate a rapid mobilization of various personal coping mechanisms in dealing with stress. There appears to be a series of four stages that nearly all such persons go through to varying extents in the process of adapting to new lives: (1) disorganization and confusion; (2) acting out; (3) searching for new interests and activities; and (4) adaptation and integration. Individuals who are totally unprepared to leave traditional homes or have had psychological problems in the past, have expected their Nirvana, or have been rejected by their families, have had more difficulty in adaptation. As a result of the psychological difficulties of the estimated 60,000 to 100,000 draft dodgers living in Canada, an entire network of support mechanisms have evolved to aid in the process of adaptation. (Author abstract modified)

**538. Levine, Sol, and Scotch, Norman A. Perspectives on stress research. In: Levine, S., ed. *Social Stress*. Chicago: Aldine Publishing, 1970. pp. 279-290.**

A review of the chapters in the book summarizes the main themes, findings, and problems in stress research. The complexity of social stress, the individual's awareness or perception of the stress stimulus as a factor in the intensity and kind of response, stress as a failure of adaptation, and the problem of linking and describing the dynamic interplay among the various components of stress are recurring themes which are reviewed. The stress model developed by Scott and Howard is favorably reviewed.

**539. Leviton, Dan. The need for education on death and suicide. *Journal of School Health*, 39(4):270-274, 1969.**

It is becoming increasingly evident that there is a need for formal and informal education which would enable people of all ages to cope with death and suicide. An understanding of these con-

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cepts contributes toward man's ability to live a worthwhile and happy life. The manner in which this topic is handled in a university class of approximately 500 students is discussed. There are great possibilities for research on death, dying, and suicide, and alleviating man's fears of death is a concern of health educators and other behavioral scientists. 22 references.

**540. Leviton, Dan. A course on death education and suicide prevention: Implications for health education. *Journal of the American College Health Association*, 19(4):217-220, 1971.**

A course dealing with the subject of death, the organizational features of this type of course, and a list of topics are presented. Most of the students attending the sessions were on the graduate level. An all-day field trip to the Johns Hopkins University's fellowship program in suicide studies was included in the course. Suicide which was once, and even now in some areas, regarded as punishable by law, is discussed here as a way of coping with a situation, and even though more efficient and less destructive ways are available, the would-be suicide may not know of this alternative. As more students see the relevance of death education to health education, and the taboos are removed from the subject of death, they would be more willing to discuss their own personal problems. A crisis intervention center has been established at the University of Maryland for this purpose. Supportive counseling is seen as a needed facility for people in trouble. Some research questions related to death, which have been selected as relevant, are enumerated. 7 references.

**541. Levy, Norman J. El uso do drogas en adolescentes. [The use of drugs by adolescents.] *Neurologia-Neurocirugia-Psiquiatria* (Mexico), 11(4):297-305, 1970.**

In an attempt to understand why many young people use drugs, social issues, family relationships, and the difficult adolescent stage of development are explored as contributing factors. Four principal ways of escaping anxiety are suggested: rationalization; denial; avoidance of all situations; thoughts, and feelings that disperse it; or narcotizing it with alcohol, sex, diverse activities, and drugs. Reasons for using barbiturates, amphetamines, LSD, marijuana, opium, and other hallucinogens are discussed.

**542. Levy, S., and Guttman, L. Worry, fear, and concern differentiated. *Israel Annals of Psychiatry and Related Disciplines* (Jerusalem), 14(3):211-228, 1976.**

Data on urban adults in Israel one-half year after the Yom Kippur war, and previous data on Israel high school students enable differentiation among worry, fear, and concern, and reveal the relationship of these behaviors to coping with the mental stress of the situation. Questionnaires concerned the following topics on sources of possible stress: the security, political, and economic situation of Israel; economic situation of self and family; health of self and family; terrorist activities throughout the country; terrorist activities in the neighborhood; and fighting ability of Israel's defense forces. Although data were not available for worry, fear, and concern on each topic, sufficient overlapping was found to exist to establish the following: (1) There is a U-shaped or J-shaped curve of regression of (instrumental) concern about the topics (subjects least worried and most worried tend to discuss the topic more); (2) the scattergram of fear and worry is triangular (both regressions are monotonous and heteroscedastic; fear is a sufficient but not a necessary condition for worry; those very fearful are very worried; but those very worried need not be fearful); (3) background characteristics, such as sex, age, education, income, country of origin and city of residence, tend to correlate little with the extent of worry and fear; and (4) feelings of being able to cope with the stressing situation are little related to feelings of fear and of worry. The conclusion was a proposed definition for the universe of items of attitudinal stress reactions, where "worry" appears as an affective attitude while "fear" may be a cognitive or an instrumental attitude. 8 references. (Journal abstract modified)

**543. Lewis, Gertrude M. "I am—I want—I need": Preadolescents look at themselves and their values. *Childhood Education*, 46(4):186-194, 1970.**

A survey of 5,000 Connecticut school children throws light on the problems of 10- to 13-year-olds. Approximately 2,000 children are reflected in this report. Females were disturbed by maturation and signs of puberty, both early and late. Preadolescents desire to understand body development, body function, peer relationships, and family relationships. This drive is manifested actively wherever and whenever possible. The evidence clearly shows that preadolescents are not placid and unconcerned, but keenly aware of situations threatening their well-being. They desire to have the love and trust of their parents and yearn for opportunities to talk with peers and adults and to receive honest answers. They wish to be assured of steady development as competent people.

**544. Liebetrau, Gerhard. Psychologische Aspekte zur arbeitspadagogischer Forderung erziehungsschwieriger Jugendlicher. [Psychological aspects for work-paedagogical furtherance of difficult-to-educate youth.] *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 17(1), 11-20, 1968.**

Neglected and deviant youths cannot cope with the demands of industrial jobs mainly because of personality structure. Therefore, after diagnosis and working conditions are adjusted to the psychodispositional conditions, work must have motivational power. Physical work is one of the means to develop personality. It is hoped that a theory will be developed putting the complex dynamics of this process into perspective and suggesting ways of teaching. 49 references. (Copyright 1968, the American Psychological Association, Inc.)

**545. Liggio, F. L'apprendimento intermodale negli insufficienti mentali. [Crossmodal transfer in mental retardates.] *Lavoro Neuropsichiatrico* (Roma), 42(22):831-850, 1968.**

The capacity of the cross-modal transfer of learning is studied in a sample of 132 mental defectives of both sexes, between the ages of 6 and 12, with values of IQ between 40 and 87, measured by means of the Terman-Merril (Form L.) scale of level. Some findings were: (1) A close relationship exists between the degree of mental defectiveness and difficulty in direct learning; (2) the capacity of the cross-modal transfer of learning, with certain fairly wide limits, is not necessarily influenced by the degree of mental defectiveness; (3) IQ capacity is strictly dependent upon the ability to name a geometrical form learned through association with a reward, as distinct from that learned without any association with a reward; (4) not one of the subjects having an IQ higher than 66 was found incapable of cross-modal transfer of learning (0 percent of 68 cases, as compared with 17.18 percent of 64 cases); (5) the incapacity of cross-modal transfer of learning is independent of the presence of data expressive of prevalent disgeneticity or prevalent acquired cerebropathy. From a consideration of these facts, together with a series of findings related to the comparative neuroanatomophysiology, it may be deduced that the development of the capacity to associate verbal symbolic patterns with the perceptive patterns of the objects depends on the functionality of particular anatomical structures, which are present in the normal human brain, absent or scarcely outlined in that of the primates, underdeveloped (in a variable sense) in disgenetic mentally defectives, and impaired in cerebropathic mental defectives in relation to the location and intensity of the injuries. 20 references. (Journal abstract modified)

**546. Lipowski, Z.J. Physical illness, the individual and the coping processes. *Psychiatry in Medicine*, 1(2):91-102, 1970.**

Ways are discussed in which people cope with the stress and challenges of disease. A tentative framework for conceptualization of this aspect of illness behavior is presented. A brief discussion of the major determinants of coping is given. The latter include intrapersonal, disease-related, and environmental variables. Coping behavior is a resultant of multiple factors reflecting a patient's specific dispositions as well as characteristics of his total situation during a given episode of illness and its different phases. The way in which the patient copes with his illness spells the difference between optimum recovery or psychological invalidism. It is the doctor's task to recognize his patient's mode of coping and help him employ the most adaptive and effective coping strategies. 34 references. (Journal abstract modified)

**547. Lirette, William L.; Palmer, Robert L.; Ibarra, Jesse D.; Kroening, Paul M.; and Gaines, Richard K. Management of patients with terminal cancer. *Postgraduate Medicine*, 46(6): 145-149, 1969.**

A panel discussion of the problems associated with care of terminal cancer patients emphasizes some of the little things that can be done to make the remainder of their lives as pleasant and dignified as possible. The physician should try to generate a feeling of hope, and the patient, already highly anxious, should not be isolated. He should be restricted as little as possible by intravenous tubes and other devices. Proper adjustment of eyeglasses and dentures should not be overlooked; attention to these things can also contribute to the creation of a hopeful atmosphere. X-rays can be used effectively in many ways other than treatment of tumors, and much can be done to direct the ultimate cause of death so that it will be easier. Of primary importance, however, is the physician's own reaction to death; it should permit him to give freely of himself to the terminal patient.

**548. Litman, Robert F. Suicide prevention: Evaluating effectiveness. *Life-Threatening Behavior*, 1(3):155-162, 1971.**

Methods for evaluating the quality of crisis intervention services for suicidal individuals are being developed and the efforts of the suicide prevention center of Los Angeles are described. Outcome studies, using suicide rates as criteria, present a challenge for the next decade. The problem of uncontrolled variability in the definition, certification, and reporting of suicides remains a crucial one. Case reports and followup studies indicate that some lives are being saved by present crisis intervention techniques, but these services are as yet rudimentary, compared with the total suicide problem. Among the research findings that have not yet been integrated into practice is that the suicide (and potential suicide) populations are collections of heterogeneous, sometimes unrelated, subpopulations. Specific suicide prevention efforts, together with appropriate measures of effectiveness, should be designed for each of these subpopulations. Presently developed suicide prevention centers may find a new role as the essential support structures for imaginative and innovative outreach and treatment programs that go beyond standard current approaches. 14 references. (Author abstract modified)

**549. Litman, Robert I., and Tabachnick, Norman. Psychoanalytic theories of suicide. In: *Fourth International Conference for Suicide Prevention*. Los Angeles: Delmar Publishing Co., 1968. pp. 277-285.**

There is presently no complete psychological theory of suicide, through clarification has been provided by psychoanalytic concepts and observations. Freud theorized that suicidal behavior results from the interaction of the life instinct and death instinct in a complex, hierarchical psychic structure, with everyone somewhat vulnerable to suicide because of the demands of civilization. Additionally, in periods of great stress, the individual may regress to the extreme helplessness of the ego in infancy and let himself die. In structural terms, the adult ego consists of an "action self" and a number of "subselves," with a tendency to ego fragmentation in states of emotional crisis and exhaustion, during which suicidal subselves may emerge temporarily in control of the psychic apparatus for action. There is an unsolved problem of how to predict which potentially suicidal patients will actually act out their suicidal fantasies. Psychoanalysts have noted the existence of specific suicide mechanisms involving the breakdown of ego defenses and release of increased destructive instinctual energy. The suicide plan is particularly important in transforming a suicidal fantasy into an act. Adaptationally, suicidal phenomena frequently represent a failure of adaptation, with a simultaneous attempt to achieve a new and better adaptation. Recently, metabolites associated with effective reactions have been discovered in the brain. There are now possibilities of correlating neurophysiology and psychology through studies of physiological chemistry and an expanded instinct theory. 26 references

**550. Littner, Ner. Violence as a symptom of childhood emotional illness. *Child Welfare*, 51(4):208-219, 1972.**

Violent behavior in children and adolescents as a symptom of emotional illness is discussed. Some of the causes of violence are: (1) the tendency to translate violent feelings into violent behavior is programmed into the individual; (2) a predisposing factor to irrational violent behavior exists; and (3) a precipitating factor triggers the violent behavior. As a society, we are failing to diagnose and treat the disease of irrational violence in its formative stages in children, doing little to root out the causes of injustice in America, and doing little to change the violent models that society presents to children. We must ascertain what the emotionally disturbed child needs, devise ways for meeting his individual needs, and develop aggressive methods for seeking help for him.

**551. Liu, B.Y. Helping the sick child to cope with the stress of hospitalization. *Journal of Nursing* (Taipei), 22(1):30-35, 1975.**

Helping the sick child to cope with the stress of hospitalization depends upon the hospital staff's understanding the child's view of hospitalization. Sick children easily experience fear, anxiety, and illusions in hospitals. Methods to help sick children cope with the stress of hospitalization are different at each age level. Baby stage involves environmental reaction; therefore, it is better for the mother to room with the child. Infant stage involves regression which is caused by separation from mother and immobilization. Therefore, it is helpful to have the parents stay with the staff to help explain the treatment procedures. Preschool ages involve physical aggression and verbal aggression; therefore, sufficient explanation of the treatment is necessary. Children of school age experience psychological reactions including a sense of inferiority; therefore, they need specialized help with their psychological problems. 14 references.

**552. Lohman, Joseph D. *Cultural Patterns in Urban Schools: A Manual for Teachers, Counselors, and Administrators.* Berkeley: University of California Press, 1967.**

A manual is presented for teachers, counselors, and administrators involved with primary and secondary grade school pupils from various racial and cultural backgrounds. The problems of Negro pupils living in slum areas dominate. Classroom and general school problem situations are evaluated under the following gross topics: the teaching of values to pupils with cultural differences; the factor of the pupil's self-image in classroom situations; the reaction of culturally different and merely individualistic pupils to the established school process; the conflict between adolescents and adult authority; and the relation of the school to life experience. Within each of the categories, stories are presented which exemplify problems encountered by pupils, teachers, and school officers. Each story is followed by a set of questions designed to discover particular issues or to examine elements of behavior contained in the general problem. Every set of questions is followed by a commentary. Digests of pertinent reading matter are included. 32 references.

**553. Long, Nicholas. Helping children cope with feelings. *Childhood Education*, 45(7):367-372, 1969.**

Teaching is beginning and maintaining open communication, and it is helping the child overcome anxiety and frustration. In helping the disturbed child, the concepts of decoding, labeling, and redirecting behavior are important. In decoding, verbal communication must be understood as a mask, and sensitivity to nonverbal communication must be used to understand the child. When the teacher can communicate, he should label the child's feelings and then accept those feelings honestly. The ways of redirecting behavior are to allow the ventilation of the child's emotions, to develop the child's skills, and to give the child verbal insights. Case histories validate this concept which enables the child to feel more at ease with himself and with society. While man has conquered space, he still has far to go to understand and appreciate the excitement and richness of his inner self. Teachers, parents, and other adults who have the capacity to empathize with children provide them with the necessary emotional booster that will enable them to travel in that inner world with ease and comfort.

**554. Loo, Russell Mun Yu. The effects of projected consequences and overt behavior rehearsal on assertive behavior. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-6988 (HC, $10; MF, $4). 108 pp.**

Effects of an addition to the McFall and Bridges Overt Behavioral Rehearsal (OBR) Program were evaluated. The new component, the projected consequences (PC), consisted of in situ reactions by another to the assertive behavior of the role player. Subjects who were assigned to OBR, PR, or control (C) groups had larger nonassertive than assertive scores on the Conflict Resolution Inventory (CRI). Posttraining assessment revealed that both treatment groups performed more assertively and had higher assertive scores on the CRI than did the C group. Treatment groups recorded greater increases in refusal behavior and greater decreases in compliance. The only significant difference between treatment groups was on the individualized assessment of refusal behavior, with the PC group reporting a higher frequency of refusals. At followup, treatment groups maintained their superiority to controls but there were no significant differences between treatment groups. (Journal abstract modified)

**555. Looft, William R. Vocational aspirations of second-grade girls. *Psychological Reports*, 28(1):241-242, 1971.**

Vocational interests of aspirations of second-grade girls were determined from two different perspectives: (1) their desired occupational goals; and (2) their realistic expectations regarding their occupational goals. To the first question most girls nominated vocations which were sex role stereotyped and altruistic (nurse and teacher were most common); to the second question, ss tended to (1) repeat their original response; (2) change their expectation to becoming mothers and housewives; or (3) express that they did not know what they would be. The findings suggest that sex role expectations pertaining to vocational aspirations are acquired and solidified far sooner than the time when the individual actually has to begin to make decisions regarding his adult life. 5 references. (Author abstract modified)

**556. Lowenberg, June S. The coping behaviors of fatally ill adolescents and their parents. *Nursing Forum*, 9(3):269-287, 1970.**

The development of guidelines that will enable nurses to identify coping behaviors of fatally ill adolescents and their parents and to intervene in relation to them is discussed. Two categories of coping behavior are: (1) approach behaviors, aimed at coping with the realities at hand; and (2) avoidance (denial) behaviors, directed toward the existence of these realities. At certain stages in fatal illness, defensive activity is seen as common and adaptive, often permitting the patient to live with his illness. Unless reality is faced, however, the death itself will come as too great a shock. To work through their grief, the patient and his family must abandon denial mechanisms at least partially. Two lists of behavior indices, one including manifestations of avoidance coping and the other of approach coping, can serve to help nurses assess where the patient and family are in the grief process. It is believed that a nurse should attempt to alter the denial pattern of coping only if it severely impairs necessary functioning. A case history illustrates how a nurse can assist a parent to move more rapidly toward approach patterns of coping. 7 references.

**557. Lowenthal, Marjorie Fiske; Thurnher, Majda; and Chiriboga, David. *Four Stages of Life: A Comparative Study of Women and Men Facing Transitions.* San Francisco: Jossey-Bass, 1975.**

Some of the common status transitions of adult life are analyzed from a systematic psychosociological viewpoint. Four groups of men and women are studied as they face transitions, such as leaving a home, having a family, the child leaving home, and retiring. The impact of sex roles, family relationships, friendship patterns, and mental health responses to stress were assessed. A new model of adaptation based on psychological resources and deficits is devised, while four stress types are delineated. It was discovered that coping patterns varied more by sex than by age groups of the same sex; and that childhood deprivation continues to influence some women at all stages. Suggested boundaries for further research are also set.

**558. Lowenthal, Marjorie Fiske, and Chiriboga, David. Social stress and adaptation: Toward a life-course perspective. In: Eisdorfer, C., ed. *The Psychology of Adult Development and Aging*. Washington, D.C.: American Psychological Association 1973. pp. 281-310.**

A life course perspective on the relationship between stress and adaptation holds promise for understanding the dynamics of the aging process. A life cycle approach to problems of stress and adaptation requires three concepts: the time dimensions of stress; the individual's perceptions of stress and of his social networks; and a flexible process orientation to the adaptive domain. Recent stress correlates more highly with morale than with psychological resources and deficits. Cumulative stress correlates highly with the adaptive equation but not with morale. There is less of a relationship between perceived stress and morale than between perceived stress and psychological resources and deficits. Often the happiest preretirees are those who rank low on resources and deficits. The more complex and gifted preretirees are not as happy as they face life in which the absence of social demands may become a genuine stress. 89 references.

**559. Luban-Plozza, B. Familie als "Risikofaktor." [The family as a risk factor.] *Medizinische Welt* (Stuttgart), 23(46): 1712-1716, 1972.**

Certain psychotic and neurotic (including psychosomatic) developments in children are discussed, which can be traced back to family conditions such as: neglect by the mother or rejection by a domineering mother figure; a tyrannical father; infantile parent figures; general family neuroticisms; or to some defect or illness in a family member. A defect in the parents, in certain developmental stages of the child, may lead to a particular type of family conflict; the child will then seek, and find, new groups to replace the family. Confrontation therapy is discussed as a possible treatment for sibling conflicts. The therapist deals with the group as a whole to observe their interactions. To manage puberty age children with psychosomatic syndrome, all the participating factors must be considered. When sensitization and chronicity have already set in, milieu therapy is mandatory. Often, attitudes and emotional reactions are transmitted from parent to child; should some character defect be recognized and corrected in the parent, there is a good chance that this will be reflected in the children. The general practitioner is in a good position to appraise the conditions and is therefore the logical person to adopt prophylactic measures against neurotic developments.

**560. Lubin, Albert J. A boy's view of Jesus. *Psychoanalytic Study of the Child.* 14:163-168, 1959.**

An attempt is made to explain how a combination of life circumstances resulted in the highly overdetermined identification with Jesus in the case of a man whose homosexuality, work, and social life were all carried out under the unconscious aegis of such an identification. The identification with Jesus, which apparently developed during the latter part of the latency period and early adolescence, appears to have been an important bridge between the self-images of childhood and the ego identity of early adulthood. His identification with his martyred mother became absorbed into that of the martyred, bleeding Jesus. This may also have contributed to the fact that he felt feminine but did not appear or act feminine. His identification with his dying brother, cherished and beloved by his mother, was similarly absorbed into the figure of Jesus. His identification with his sadistic father and his guilt for his brother's death were denied, while simultaneously his masochistic sexual development was justified. His identification with Jesus was a way of rationalizing libidinal gratification and elaborating defensive mechanisms and had adaptive functions as well. 12 references.

**561. Luce, Gay Gaer. *Body Time.* New York: Pantheon Books, 1971.**

The relationships between time and human life are discussed. It is suggested that man is on a preprogramed time schedule which affects his every act and reaction. The symptoms of illness, response to medication, learning acuity, job performance, are all related to the hour of the day and functional timing of such things as body temperature, cell formation, sleep patterns, stress adaptation, and performance output. It is apparent that the human variability pattern becomes predictable. Such predictability has the potential of sponsoring extremely important programs in preventive medicine, health maintenance, work performance, accidents and absenteeism, fatigue control, and learning facilitation. (Journal abstract modified)

**562. Lukoff, Irving Faber, and Whiteman, Martin. *The Social Sources of Adjustment to Blindness.* New York: American Foundation for the Blind, 1970.**

A study focused primarily on the social forces that determine or influence the adaptive patterns of the blind, with a secondary objective of determining whether the blind constitute a viable group, with its own form and structure. The blind are classified on an independence-dependence continuum. Findings indicate that class position, as well as standards with respect to the dependence-independence orientation, influence behavioral outcomes. As to whether the blind constitute a viable group, the conclusion is that there is an identifiable blind community, but not all of the blind identify with it. Some are wholly identified with the sighted community, and some straddle the two communities. Membership group preferences are determined by such factors as onset of blindness, attendance or nonattendance at schools for the blind, social class origin, family expectations, and degree of residual vision.

**563. Lumry, Gayle; Braatz, Gordon; and Cedarleaf, Cherry. A further look at the Vietnam era veteran. *Newsletter for Research in Psychology*, 12(4):13-14, 1970.**

The clinical records of a group of Vietnam veterans under the age of 27 were analyzed as part of research involving modification of Veterans Administration psychiatric procedures to meet the needs of the younger patient. Results indicate that most of the emotional difficulties of these young men do not arise as a reaction to military service (although perhaps accentuated by this experience), but are directly related to the various levels of late adolescent maturation that these patients had attained before entering service. Problems arising in the areas of socialization, educational and vocational achievement, interpersonal and family relationships, and psychosexual development are all evidences of immaturity of these patients. The current more passively oriented programs may be appropriate for the middle-aged patient but do not meet the needs of the younger patient. What appears to be needed is a very innovative approach which will provide these patients with skilled, psychiatrically oriented assistance in learning to handle the experiences of everyday living, to make use of educational and vocational opportunities. and to enhance the ability to function in a mature and productive manner. Necessary at the present time is the availability to V.A. patients of a full range of psychiatric facilities, including inpatient hospital treatment, partial hospitalization, treatment-oriented community living centers, and crisis intervention centers. (Author abstract modified)

**564. Lurie, Abraham, and Ron, Harold. Self-help in an aftercare socialization program. *Mental Hygiene*, 55(4):467-472, 1971.**

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Emphasis on self-help in the Hillside Hospital-Educational Alliance Aftercare Demonstration Project enabled the vast majority of 42 young adults, previously hospitalized for 1 year with serious schizophrenic illness, to maintain or improve their posthospital levels of status role adjustment. In a community center setting and under the guidance of professional social workers and others, group counseling and group activities, together with crisis intervention when necessary, channeled participants' self-help component toward achievement of greater ego strength. 4 references. (Journal abstract)

**565. Lynn, David B. Curvilinear relation between cognitive functioning and distance of child from parent of the same sex. *Psychological Review*, 76(2):236-240, 1969.**

The basic hypothesis in this paper is: The child's cognitive functioning is related curvilinearly to the distance of the child from the parent of the same sex. Such cognitive functioning is best exemplified by field independence and problem-solving skills. The hypotheses presented below follow from the basic hypothesis: (1) males are better problem solvers and more field independent than females; (2) boys with distant fathers tend to be poor problem solvers and to be field dependent; (3) girls with moderately distant mothers are better problem solvers and more field independent than girls with closer mothers; (4) with the father unusually close to the boy and the mother relatively distant from the girl, the superiority of males in problem solving and field independence is lost; (5) with the father extremely close to the boy and the mother relatively distant from the girl, boys are inferior to girls in problem solving and are more field dependent. 17 references. (Author abstract)

**566. Maddox, George L. Some correlates of differences in self-assessment of health status among the elderly. *Journal of Gerontology*, 17(2):180-185, 1962.**

An investigation was made of selected correlates of differences in self-assessment of health among 251 noninstitutionalized elderly subjects. The subjects, aged 60-94, were assessed on: (1) subjective estimates of health status; (2) objective health status; (3) placement in the social structure; and (4) indicators of preoccupation with health and poor adjustment to environment. The following tentative conclusions seem warranted: The objective state of an elderly person's health is the most important single determinant of his self-assessment of health status. Pessimism about one's health status as reflected in overestimation of poor health is associated with a general anxiety about health and poor adjustment to the environment, while optimism about one's health is associated with the absence of these two characteristics. Despite the importance of objective health status in determining self-assessments of health, placement in the social structure is also related to optimism and pessimism about health, particularly the factors of age and social status; older subjects and those with higher status are more likely than others to be optimistic about their health. Social factors seem to contribute to the deviant self-assessments of health more among subjects medically assessed to be in good health than those medically assessed to be in poor health. 11 references. (Author abstract enlarged)

**567. Maloof, Bruce Arthur. Alcohol, stress and coping: An examination of the differential impact of alcohol on the ability of alcoholics and nonalcoholics to cope with a stressful situation. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 75-18090 (HC, $13.50; MF, $5).**

The differential impact of alcohol on the personal economy of alcoholics and nonalcoholics was examined, and the relevance of these findings to the paradigm of stress and coping proposed by Richard Lazarus was demonstrated, offering a new perspective for understanding the dynamics of alcoholics. It was hypothesized that alcoholics would report higher levels of stress reaction under alcohol-free conditions, but report lower levels than nonalcoholics after consuming alcohol. The stress stimulus was the Cold Pressor Test, and methods of stress induction and recording of reactions were those standardized by Ernest Hilgrad. Statistical analyses of the data support the conclusion that drinking helps alcoholics cope with stress by influencing their cognitive appraisal of stimuli. The exact nature of this influence was reasoned to be alcohol's effect on an alcoholic's perception of the balance of power between harm-producing stimuli and his counterharm resources. (Journal abstract modified)

**568. Mandelbaum, Arthur, and Wheeler, Mary Ella. The meaning of a defective child to parents. In: *Sourcebook in Abnormal Psychology*. Boston: Houghton Mifflin, 1967. pp. 383-389.**

A range of parental reactions to their defective children is set forth, based on the experience of the Children's Service of the Menninger Clinic. A brief sketch of scornful, painful, and revering treatment of defective persons in the past is given. Parental attitudes often include apprehension, a tendency to be suspicious, a preference for diagnosis of functional difficulty, and a range of behaviors in which the child plays a role in conflict between his parents. Defense patterns include withdrawal, adoption of another child, and attribution of blame to spouse, family of spouse, or siblings. Parental resistance to accepting the findings of the clinic makes difficulties for caseworkers. Consistent warmth and empathy by the caseworker are needed to overcome parental resistance.

**569. Manderscheid, R. Mental health and the future. *Futures*, 8(4):331, 1976.**

The application of modeling and technology could improve empirical theories of mental health. Biochemical indices, such as enzymes and catecholamines, may provide precise, pancultural stress standards. These indices will serve as adjuncts to clinical screening and will permit quantitative evaluation of different types of therapy. When used in conjunction with measures of the psychosocial environment, biochemical indicators may discern person-environment fit or mismatch. This technology could be designed for use on a large scale. A likely outcome will be a greater emphasis on preventive health care: brief courses at home, school, and work are likely to improve the ability to cope with stress.

**570. Manderscheid, R.W.; Silbergeld, S.; and Dager, E.Z. Alienation: A response to stress. *Journal of Cybernetics*, 5(1): 1975.**

Contemporary stress paradigms provide one basis for developing a systems theory that specifies causal linkages between social structure, alienation, and perceptual style. Within the proposed theory, five alienation syndromes serve as alternate methods of coping with psychological and physiobiochemical stress reactions. Stress levels derive from the countervailing influences of resources and social-structural stressors. The cognitive component of each alienation syndrome feeds back cybernetically to reduce psychological stress, while the affective component operates in an equivalent manner to reduce physiobiochemical stress. Jointly, the two components also condition perceptual style. To reduce alienation, interventions that enhance resources are suggested for the intermediate range future. Planned changes to eliminate structural stressors are viewed as long-range efforts requiring future research.

**571. Mann, Philip A. Residential mobility as an adaptive experience. *Journal of Consulting and Clinical Psychology*, 39(1):37-42, 1972.**

A study explores the effects of residential mobility on the adaptation of college students. Derivations from ecological theory predict that high residential mobility will contribute to the development of cognitive complexity, flexibility, and autonomy by providing diversity of experience. High residentially mobile students are expected to adapt better to the stress, novelty, and complexity of the college environment. Situational and chronic anxiety scales, classroom preference questionnaire, and the Omnibus Personality Inventory were administered to a sample of college students who were classified as to their residential and social mobility. High residentially mobile students reported less anxiety than low mobile students both in acute situations and on chronic measures. Residential mobility did not affect classroom preferences, but social mobility did. Results on the personality measures were consistent with the theoretical expectations for males, but not for females. High residentially mobile males differed from low residentially mobile males in being more intellectually oriented, placing more value on autonomy and independence, and in being more adaptive. 16 references. (Author abstract)

572. **Mannoni, Maud.** ***The Child, His "Illness" and the Others.*** **New York: Pantheon Books, 1970.**

The Mannoni Method, derived from the theoretical concepts of Jacques Lacan, is set forth. The conceptual basis of the work rests in some measure on some of Melanie Klein's formulations with respect to good and bad objects and to an accelerated timetable for infantile psychic development. It is asserted that only a structural approach leads to an understanding of psychosis. Focus is almost exclusively on the ideational contents of parents' and child's unconscious. The analyst must include the parents in the treatment to the point of uncovering their fantasies and must deal with several transferences and must further define his own role in the fantasy world of the parents. Case reports reveal sensitivity, gift for empathy, capacity for forthright self-criticism, and steadfast dedication to patients.

573. **Maoz, Benjamin; Dowty, Nancy; Antonovsky, Aaron; and Wijsenbeek, Henricus. Female attitudes to menopause.** ***Social Psychiatry*** **(Berlin), 5(1):35-40, 1970.**

This study was intended to explore the responses of a broad range of women to the changes of climacterium. As a pilot study, it was guided only by the general expectation that a woman's response to menopause would be influenced by her response to earlier psychosexual events. Fifty-five women of diverse ethnic origins participated in semistructured psychiatric interviews. The interview focused on the subject's attitude toward her femininity, her psychosexual history, menopause, and toward the family and social problems associated with this age. Response to menopause was coded on a 3-point ordinal scale, ranging from mixed-positive to mixed-negative. The association of 11 independent variables to the response to menopause was tested for the population as a whole with controlling for ethnicity. Of the 11 independent variables, only 1 was associated with a positive response to menopause: a lack of desire for additional children, among the Oriental-Arab group. Categories in 9 of the 11 independent variables tend to be associated with a negative attitude toward menopause but the pattern of association does not support the general expectation that a history of successful response to earlier psychosexual experiences is predictive of a positive response to menopause. The findings, though drawn from a small sample, indicate that this relationship is more complex than is generally suggested. 14 references. (Journal abstract)

574. **Maoz, B.; Wijsenbeek, H.; Dowty, N.; and Antonovsky, A. The perception of climacterium in five ethnic groups in Israel. In: Miller, L., ed. *Fourth International Congress of Social Psychiatry: Abstract of Papers.* Jerusalem: AHVA Cooperative, 1972. p. 164.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, the perception of the climacterium in five ethnic groups in Israel is discussed. The groups represented a traditional-modern continuum as follows: Arab villagers—traditional; Persian Jews, North African Jews, and Turkish Jews—transitional; and European Jews—modern. In each of the five groups, a random sample of women aged 45 to 54 was selected. A total of 1,148 women were interviewed, using a detailed psychosocial questionnaire. In three open questions, the women were asked what in their opinion were the most important, the best, and the worst aspects of climacterium. They were then requested to say to what extent they agreed with 23 items relating to consequences of climacterium and middle-age (12 positive and 11 negative). In a further question, they were asked to what extent menopause was important to them. The data showed that menopause and the age of climacterium were perceived mostly in a mixed way. The same women perceived some things as losses and some things as gains. Results concerning the perception of climacterium are described, especially as they relate to ethnic differences. (Author abstract modified)

575. **Maragos, George D.; Greene, Charles A.; and Mitchell, John R. Adolescents and "street" drug abuse: A scientific exhibit. *Nebraska Medical Journal*, 58(2):34-36, 1973.**

The various street drugs are presented according to their effects, incidence of use, and negative reactions experienced due to a combination of strong chemical effects and underlying psychological problems of the users. The user is motivated by curiosity, social pressures, rebellion against authority, escape from society or emotional problems, challenging goals of the educational system, or by special psychological traits. LSD, mescaline, marijuana, amphetamines, nutmeg, glue, toluene, gasoline, barbiturates, and heroin are discussed individually with respect to side effects, dosage, and treatment. The following strategies are advised in the treatment of drug users: (1) a sympathetic, empathetic attitude; (2) reorientation of legalistic to public health approaches; (3) reestablishment of trust credibility in former addicts; (4) availability of objective information on drugs; (5) assignment of greater responsibility to adolescents in everyday activity. 16 references.

**576. Marcjan, Kazimierz; Cwiertnia, Teresa; and Wolak, Ewa. Wyniki stosowania oksypertyny w przewleklej schizofrenii. [Oxypertine in the treatment of chronic schizophrenia.] *Psychiatria Polska* (Warszawa), 4(1):63-67, 1970.**

Oxypertine was administered to 27 patients (9 women and 18 men) ranging in age from 18 to 51 years; 24 of the patients had diagnoses of paranoid schizophrenia, 15 had marked symptoms of emotional deficiency and diminished activity, and 20 displayed delusions. Duration of illness had been from several months to about 20 years. Only 6 of the patients had been admitted for the first time; 21 had several admissions and had received treatment with neuroleptics, insulin, or electroconvulsant therapy. Oxypertine was applied orally in doses increased daily by 20 mg to 40 mg; maximal doses of 80 mg to 320 mg daily were used during 5 to 62 days. The mental state of nine patients showed marked response consisting of improvement in activity, social adjustment and mood, and disappearance of delusions. Five patients showed only insignificant improvement, 11 did not respond, and 2 deteriorated. The only side effect observed in nine patients was a mild Parkinson syndrome which was successfully controlled by means of Parkopan or other anti-Parkinson drugs. 14 references. (Journal abstract modified)

**577. Margolin, Joseph. The mental health of the disadvantaged. In: Amos, W., ed. *Counseling the Disadvantaged Youth*. Englewood Cliffs, New Jersey: Prentice-Hall, 1968. pp. 80-100.**

Theories regarding the mental health problems of the poor and disadvantaged are described as related to the social and environmental conditions that breed disorders on a large scale. The distinction is made that the poor are a group which has been and continues to be subjected to the stresses of a society with which its members cannot cope and wherein they fall farther and farther behind in status and achievement. Characteristics of the disadvantaged include unstable family conditions, unreliable social institutions, material deprivation, lack of sense of community, and inadequate and distorted relations with the remainder of society. Using this concept of poverty, the social psychological variables affecting mental illness are analyzed, using the social competence model derived from psychological studies. It is seen that in addition to the traits of apathy and hostility, the poor are also characterized by inadequacy of intellectual, cognitive, and social skills that are necessary to overcome their status. There is consequently a relative downward occupational mobility accompanied by significant feelings of anxiety and stress. The starting point for an attack on the mental health problems of the poor, then, appears to be an alteration of the sociological, psychological, and educational components of the opportunity system that is not available to them. Such changes, in close association with methods that effect an improvement in social competence and upward mobility, can contribute significantly to the reduction in mental illness among such groups. 14 references.

**578. Maris, Ronald W. Deviance as therapy: The paradox of the self-destructive female. *Journal of Health and Social Behavior*, 12(2):113-124, 1971.**

A research project was conducted to explore the idea that female suicide attempts and antecedent behavior such as sexual deviation, reactive depression, drug abuse, and stigmatization are most appropriately conceived of as partial self-destruction to the end of making life possible, not ending it. Many physicians and public health workers have assumed that sexual deviance, drug abuse, and suicide attempts are necessarily destructive to the individual deviant. On the contrary, an extension of Durkheim, Merton, and Erikson's theories of deviant adaptations to anomie suggests that deviance is often therapeutic for the individual, as well as being useful in maintaining normative boundaries in the larger, nondeviant community. Data are presented from a study of deviant females in Baltimore, Maryland, in which sexual deviance, drug abuse, and suicide attempts are interpreted as coping mechanisms operating to preserve rather than cripple or end life. 28 references. (Journal abstract modified)

**579. Marler, Peter, and Gordon, Andrew. The social environment of infant macaques. In: Glass, D., ed. *Environmental Influences*. New York: Rockefeller University Press, 1968. pp. 113-129.**

The idea of an unspecific arousal system as a basic force for molding development of behavior in primates and other animals is discussed, and the question is raised as to whether, in the absence of arousal, behavioral properties (such as clinging) could be eliminated. Another mechanism of behavioral development, action-specific potential, is one of Konrad Lorenz's ideas on behavior motivation. The sharing of infant care among some primates contributes to the adjustment that the growing primate can reach within its social environment. The evidence in this context includes dominance behavior and the development of feeding habits. In connection with the latter, there is a great deal of variation among infants. Vocal learning ability in nonhuman primates is unsuccessful, but not enough is known about the communicatory behavior to pass judgment. 53 references.

**580. Maslach, Christina. Emotional fatigue in health and social service professionals. *Human Behavior*, 5(9):16-22, 1976.**

Emotional detachment and fatigue inevitable to health and social service professionals who listen to troubled clients in helping roles are discussed as well as the detached and dehumanizing manner used in dealing with clients when "burnout" occurs. Observations of 200 professional workers suggest that: (1) Poor delivery of health care services results from cynical or negative professional worker feelings; (2) emotional fatigue in professional workers correlates highly with alcoholism, mental illness, marital conflict, and suicide; (3) labeling patients commonly assists the emotional detachment from patients; and (4) psychosomatic illness commonly accompanies this mental/emotional state. Suggestions for successful coping with stressful situations, including short breaks, are given.

**581. Mason, William A. Motivational factors in psychological development. In: Arnold, W., ed. *Nebraska Symposium on Motivation* (1970). Lincoln: University of Nebraska Press, 1970. pp. 35-67.**

Psychosocial development is viewed with reference to two major developmental trends, each corresponding with a fundamental adaptive problem for the growing primate. The first trend is inferred from the filial contact-seeking behaviors. These are preadapted patterns which are dominant early in ontogeny and they provide the basis for the adjustment to the mother. They are most likely to occur under conditions of high arousal, and their performance leads to arousal reduction. Arousal reduction provides the primary mechanism of reinforcement in the development of the infant's tie to the mother. The second major developmental trend is inferred from exploitative behaviors such as social play, motor play, and investigatory activities. Exploitative behaviors are elicited by moderate increments of arousal (in an animal that is not in a state of excessive arousal) and their performance leads to further increments in arousal. Objects that elicit or sustain exploitative behaviors are effective reinforcers, and they are primary agents in moving the infant away from the mother and into the larger world. Insofar as the exploitative trend brings the growing primate into contact with other individuals, it creates the opportunities and the need for social learning. The syndrome of aberrations and deficiencies seen in primates raised in social isolation is viewed as a manifestation of these two major developmental trends, operating on reduced or altered environmental input. Similarly, the consequences of exposure to particular classes of social beings and to specific social behaviors are considered to depend on the interaction between these social factors and the current status of the developmental trends. 40 references. (Author abstract)

**582. Mason, William A. Early social deprivation in the nonhuman primates: Implications for human behavior. In: Glass, D., ed. *Environmental Influences.* New York: Rockefeller University Press, 1963. pp. 70-101.**

The contribution of studies of the nonhuman primates to questions of human conduct is discussed. The development of the primate from infancy is described, and the infant primate is compared to the human infant in terms of slow development (helplessness, walking, dependence on mother). The adaptive properties of clinging and sucking are described, as well as vocalization. The shift from the mother-child relationship to a basic orientation toward the world begins to emerge, and behavioral development is described. The effect of deprivation is analyzed, and typical behavior patterns are described. These include factors such as abnormal posture, motivational disturbances, poor integration of motor patterns, and deficiencies in social communication. The thesis that the living primates constitute a graded series in which the major features of behavioral development show a systematic trend is presented. 28 references.

**583. Masserman, Jules H.** ***Animal and Human: Scientific Proceedings of the American Academy of Psychoanalysis.*** New York: Grune and Stratton, 1968.

The relationship of ethology to psychoanalytic and psychodynamic theory is analyzed by 18 authors and 6 discussants. The coverage is divided into four sections, the first two dealing with animal studies on development and ethology with an emphasis on nonhuman primate studies. The third section evaluates this information by determining the correlation or lack of it with human behavior and psychoanalytic concepts. Section four deals with clinical considerations such as cognition, thought, and affect in the organization of experience, comparative and experimental approaches to behavior, and the role of the psychoanalyst in community mental health centers.

**584. Masserman, Jules H. Is uncertainty a key to neurotigenesis. *Psychosomatics*, 11(5):391-402, 1970.**

The theme of this essay is in its questing title, to wit: Are aberrations of behavior induced by currently time-bound conflicts of motivation or adaptation, or does the underlying neurotigenic anxiety arise from the organism's apprehension that impending events may exceed its powers of prediction and control. To reexamine the multiplex and frequently contradictory theories of neurotigenesis in the light of their historical, clinical, and experimental development is a useful indoor diversion, provided that a scientific proposition should be as simply formulated and as broadly applicable as possible. To state the basic theme of the opus: Doubts and trepidations about the capacities to predict and cope with important impending events are reflected in the physiosubjective effects called anxiety, and actuate various pseudoadaptations such as symbolic evasions, assertive rituals, recourse to nepenthics, regressive dependencies, reactive aggressions, dysaffective dereisms, and other complex attempts at mixed mastery and denial which, depending on the extent and duration of their deviation from current cultural norms, are then labeled idiosyncratic, neurotic, sociopathic, and psychotic.

**585. Mattsson, Ake. Long-term physical illness in childhood: A challenge to psychosocial adaptation. *Pediatrics*, 50(5):801-811, 1972.**

Long-term disorders in childhood are discussed from the standpoint of the attendant psychological stresses and the related adaptational techniques used by the child and his parents in their attempts to master negative and distressing emotions. The common causes for emotional stress associated with long-term illness are: malaise, pain, various physical symptoms, and reasons for illness; hospital admissions, nursing, and treatment procedures; changes in emotional climate; stress factors related to special chronic syndromes and psychological threats, such as lasting physical impairment, a shortened life expectancy, and interference with normal childhood activities. Coping mechanisms for dealing with these stresses involve the use of cognitive functions, motor activity, emotional expression, and psychological defenses. A principal cause for emotional stress in parents is the feeling of resentment or guilt at having caused the child's illness, which can cause a parent to either overprotect the child or to reject him. Parents who are able to successfully adapt themselves to the task of raising a chronically ill child often practice denial and rationalization and indulge in intellectual coping mechanisms; they may also derive help from associating with other parents of seriously ill children. Continued personalized support and counseling from a physician is of extreme importance to such parents. 62 references. (Author abstract modified)

**586. Mattsson, Ake; Gross, Samuel; and Hall, Thomas W. Psychoendocrine study of adaptation in young hemophiliacs. *Psychosomatic Medicine*, 33(3):215-225, 1971.**

Ten hemophilic boys participated in a long-term study of psychosocial adaptation and corticosteroid excretion pattern. Methods included inkblot test measurements of body image boundaries, behavioral ratings, and determinations of urinary 17-OHCS levels. The latter two were performed at home, in a research center, and on a pediatric ward during bleeding episodes. Group mean 17-OHCS level (mg/24 hr per square meter) was lowest at home, higher in the research center, and highest on the ward. Each subject tended to hold his relative 17-OHCS level rank within the group in all settings. The well-adapted hemophiliacs viewed their body boundaries as definite and were consistently high 17-OHCS excretors, suggesting relatively high physiologic arousal. The poor adapters were low excretors. The positive correlation between degree of adaptation and adrenal cortical activity was evaluated in terms of types of ego defensive and coping mechanisms and their effectiveness in buffering emotional distress associated with the illness. 31 references. (Journal abstract)

**587. Maurer, Patti. Antecedents of work behavior. *American Journal of Occupational Therapy*, 25(6):295-297, 1971.**

Early childhood antecedents of work behavior are discussed, as well as the characteristics of work and the steps involved in vocational development. It is stressed that though work of the future may change, it is likely to continue as an important adult role. Some important characteristics of work and work organizations are their emphasis on producing a goods or service useful to others, their structure in a hierarchy of authority, and their basically impersonal relationships among employees. In the transition from play to work, the child and adolescent must accomplish some important learnings. These steps in vocational development are identifying with a worker; learning about work and its varieties; getting along with peers; developing basic habits of industry; developing a self-concept and translating it into occupational terms; and learning to work with, and adjust to, authority. 20 references. (Author abstract modified)

**588. Mayer, Morris F., and Wasserman, Sidney. Sustaining the ego of the aggressive adolescent through casework and residential treatment. *Applied Social Studies* (Oxford), 3(1): 3-11, 1971.**

To make residential treatment worthwhile for the aggressive child and for his community, the child must be anxious about his behavior and have a desire to change. The anxiety may be disguised by an air of denial, projection, acting-out, bravado, and pseudomaturity. For this type of child, the treatment center offers a number of treatment facilities and experiences unavailable elsewhere. The programs are chosen so that the child feels protection and acceptance, which enables him to internalize outer controls and to sublimate, or at least displace, some aggressive drives. The guilt-producing mechanisms are activated and, as a result, the superego is strengthened. In most cases, the aggressive adolescent needs some professional help and support after discharge in testing his new-found strengths and in applying them to reality. A detailed case study of a 15-year-old male is given. 8 references. (Author abstract modified)

**589. Mazumdar, B.N.; Prabhu, G.G.; and Neki, J.S. Special education and environment. *Indian Journal of Mental Retardation* (Chandigarh), 5(1):25-32, 1972.**

Three different home-school regimens were examined in retarded children attending a special school in India. Those children who lived in a hostel near the school and returned home on weekends exhibited the best improvement. Day students who returned home at night exhibited less improvement, while students boarding at the school full time showed the poorest improvement. The traditionally prescribed atmosphere of the day scholar, considered to be ideal elsewhere, is not ideal in the Indian setting because this type of environment must exist in a setting where superb liaison exists between home and school. The location of the Indian special schools is not conducive for the training of retardates as day scholars because most of these schools are in urban centers and require long-distance commuting. 13 references.

**590. McConville, B.J.; Boag, L.C.; and Purchit, A.P. Mourning processes in children of varying ages. *Canadian Psychitric Association Journal* (Ottawa), 15(3):253-255, 1970.**

The patterns of children's mourning are studied and seem to be determined by age and developmental stage. Although the criterion group is an unusual one, the number of previous placements did not significantly alter the mourning response. This impression is in part supported by the similarity between the responses of these children to death as compared with those of a group of "normal" children to the death of a schoolteacher. In addition the age differences in notions about death are similar to those found by other investigators. Finally, one is impressed by the plasticity of children, as evidenced by the rapid adaptation to a very striking and threatening event. In effect it seems most likely that mourning and depressive processes in children, as with aggressive and other affectual processes, are ultimately determined by a complex interplay of cognitive, interactional, and intrapsychic factors, varying not only with maturation but also with previous life experiences. While such a formulation is disturbing in its complexity, it also indicates further need for interdisciplinary research. 9 references. (Author abstract modified)

**591. McCord, Joan; McCord, William; and Howard, Alan. Family interaction as antecedent to the direction of male aggressiveness. *Journal of Abnormal and Social Psychology*, 66(3):239-242, 1963.**

In a longitudinal study of antisocial aggressiveness in 255 males, reports on direct observation of behavior in childhood and early adolescence were used to rate general level of aggressiveness. Criminal records were used to ascertain antisocial behavior during adolescence and adulthood. To distinguish between conditions which contribute to socialized aggressiveness and those which direct aggression into antisocial channels, the family backgrounds of men who had been equally aggressive in childhood were compared. The results suggest that extreme neglect and punitiveness, coupled with a deviant-aggressive paternal model produce antisocial aggressiveness. In contrast (though not contradiction), moderate neglect, moderate punitiveness, and ineffective controls produce socialized aggressiveness. 8 references.

**592. McDonald, Eugene C. Emotional growth of the child. *Texas Medicine*, 63(4):73-79, 1967.**

The child as he grows and develops physically, emotionally, and mentally is obviously a part of all that he has been in contact with. At the same time he has constructed his own personality and his own unique identity from the materials available to him. Emotional conflicts or anxieties which may have been encountered early in life may still be corrected even in adolescence. The child's conscience develops through his upbringing, including parental influences; as the child grows older, the influence of school and the child's peer age groups play increasingly important roles. Adolescence is the time for the child's real testing of his environment; it is the time for breaking of the parental "apron strings," when the questions of "who am I?" "where am I headed?" "what am I to do in life?" are posed. Parental empathy and understanding are particularly needed at these times in the young person's developing life. 1 reference.

**593. McDonald, Marjorie. Skin color anxiety: Theory and practice. In: McDonald, M., ed. *Not by the Color of Their Skin.* New York: International Universities Press, 1970. pp. 93-162.**

The phenomenon of skin color anxiety is psychologically examined and practical applications of findings to youthful situations are discussed under topics that include: (1) the skin and its importance in personality development; (2) the visual impact of skin differences; (3) a comparison of two childhood discoveries (skin color differences and sex differences); (4) skin color anxiety and the stages of libidinal development; (5) skin color anxiety and the development of object relationships; (6) prejudice; and (7) psychoanalysis and racial integration. 16 references.

**594. McDonald, Marjorie. A study of the reactions of nursery school children to the death of a child's mother. *Psychoanalytic Study of the Child*, 19:364-376, 1964.**

The reactions of four groups of nursery school children to the death of a classmate's mother are described. The children who appeared to achieve the most successful mastery of the trauma—with minimal anxiety and symptom formation—were able to take a second, very important step beyond considering how death could affect Wendy. They could also permit themselves to consider how death might touch their own lives. They could ask whether their own mothers, or they themselves, might die, and consequently they could verbalize both fact and fantasy in relation to themselves. A second group of children relied "successfully" upon denial to prevent the idea of death from coming into contact with themselves. But even though they had minimal anxiety or symptoms, their denial prevented verbalization and mastery of their feelings about the traumatic experience. A third group also tried to use denial to keep death separate from their own lives. At times they denied any worry about death, but in periods of panic, they seemed driven to verbalization of their anxiety about how death could touch their families or themselves. This verbalization, in the midst of panic, did not appear to be in the service of the ego's attempt to master the trauma. Both their denial and verbalization were "unsuccessful" for these children in that they developed marked anxiety and symptomatic reactions. A fourth group of children, already suffering from conspicuous difficulties of their own, appeared to be so greatly affected by the death that, in spite of their readiness and ability to verbalize about how it could affect their own lives, they were unable to master their anxiety. Instead they experienced both open anxiety and marked symptomatic reactions. It is concluded that only when a young child's ego can assimilate both facts and feelings will he be able to achieve a true mastery of a trauma. 6 references. (Author abstract modified)

595. **McFarland, Ward J., Jr., and Fabbri, Remo, Jr. Biofeedback: A contemporary overview.** ***Connecticut Medicine,*** **40(10):689-692, 1976.**

An overview of biofeedback is presented, and it is noted that biofeedback training has emerged as an intriguing new approach to the treatment of psychosomatic disorders. Although part of its effectiveness may result from a nonspecific reduction in anxiety as found in self-hypnosis, meditation, or placebo therapy, recent experimental evidence has suggested that biofeedback training allows the autonomic nervous system to "learn" new and more adaptive reaction patterns that are alternatives to stress-related tension. The results of current research support the usefulness of biofeedback training in neuromuscular reeducation and in the treatment of anxiety, muscular spasm, tension headaches, and migraine. Therapeutic results in other disorders, although tantalizing, remain as yet inconclusive. 25 references. (Author abstract)

596. **McGee, Richard K. Suicide prevention programs and mental health associations.** ***Mental Hygiene,*** **55(1):60-67, 1971.**

The relationship between mental health associations (MHA) and suicide prevention or crisis intervention programs which were often developed by MHA is discussed. A careful analysis of 14 suicide prevention programs in the Southeast together with 2 nationwide surveys has resulted in the identification of three patterns of involvement between the MHA and the crisis agency. From these observations, conclusions are drawn to offer guidelines for how MHAs can be most effective in their relationships to suicide and crisis programs in communities where new programs may still be initiated. It is concluded that mental health associations should be encouraged to take an active and vigorous role in the stimulation and initiation of suicide and crisis services, but that they can only do irreconcilable harm to the program, and perhaps to their own internal organization, unless they set about very early to make the program completely independent of the association itself. 7 references. (Journal abstract modified)

**597. McGee, Thomas F. Some basic considerations in crisis intervention. *Community Mental Health Journal*, 4(4):319-325, 1968.**

In an effort to add greater understanding to the concept of crisis intervention, it is proposed that emotional crises be placed on a continuum ranging from normal developmental crises to psychiatric emergencies. This permits clarification of the reasons behind crisis intervention and of the roles of direct treatment and consultation. A variety of viewpoints of an emotional crisis should be considered in its assessment, specifically those of the patient, his family, the community, the therapist, and community agencies. Such assessment results in a more pragmatic and comprehensive orientation for a community mental health center to effectively assist people in crisis. Until recently there has been relatively little work in crisis intervention, which has many inherent possibilities awaiting positive exploitation. 8 references.

**598. McGrew, Penny L., and McGrew, W.C. Changes in children's spacing behaviour with nursery school experience. *Human Development* (Basel), 15(6):359-372, 1972.**

Observations of children's spacing behavior were made during nursery school introduction and after integration into the group. Children showed rapid adjustment of interpersonal proximity within a few days at the same time as the group's initial high interest in them waned. Newcomers had settled into stable, normal spacing patterns by the time of the followup observations after 30+ days of nursery experience. Several factors such as presence of an older sibling, weekday of introduction, and sex of the newcomer are examined, and parallels with similar nonhuman primate studies are examined. 23 references. (Journal abstract modified)

**599. McGrew, W.C. *An Ethological Study of Children's Behavior*. New York: Academic Press, 1972.**

A serious, empirical, indepth treatment of the new interdisciplinary field of human ethology is presented, in which the methods of the biological study of animal behavior to research problems arising from the social development of preschool children are applied. The study, in contrast to previous works that have been descriptive or speculative, is based on direct and videotape observations of groups of 3- and 4-year-old children engaged in free play. A comprehensive glossary of children's behavior patterns is presented, including facial expressions, gestures, postures, and locomotion. These are defined in detail and related to previous research on both human and nonhuman primate behavior. Other topics discussed include: dominance hierarchies; behavior during group formation; the introduction of socially inexperienced strangers into established groups; and two neglected varibles, group density and behavioral periodicity. A comprehensive bibliography of over 375 items is included.

**600. McLean, Gordon R., and Rowen, Haskell. The turned on generation and their parents. In: McLean, G., ed. *High on the Campus: Student Drug Abuse.* Wheaton, Ill.: Tyndale House Publishers, 1970. pp. 1-18.**

A discussion is presented of the reasons for the use of drugs by students. Among contributing factors are the drug orientation of society in general, boredom, desire for escape, retaliation against parents, the tension of scholastic and social competition, curiosity, lack of confidence, desire for instantaneous goal attainment, search for religious experience, and alienation from adult society. Problems of adolescence are often magnified by lack of communication between parents and teenage children. Parents should take more initiative in the communication process, set better examples, and make a point of listening seriously to their children's problems, ideas, and opinions. Adequate and authoritative information must be made available about drug use so that young people will not be so strongly motivated by curiosity and adults will not overreact to drug use on the part of students.

**601. McCleary, Roland D. The violence of the privileged in the U.S.A. *International Journal of Offender Therapy,* 14(2): 81-85, 1970.**

Consideration is given to socioeconomic factors which may have influenced radicalism in American students. Of particular interest are those youths who regard violence not as something destructive but as a reasonable and positive response to life. Such students, reared with understanding and intelligence, are convinced the only way to achieve human and humane goals is by creating violence so sensational that significant adults must become concerned or risk overthrow of the system. A major factor in the attitude of such youths is a desire for immediate gratification which leads to an unrealistic approach to problems. 1 reference.

**602. Meichenbaum, Donald H. Cognitive modification of test anxious college students. *Journal of Consulting and Clinical Psychology,* 39(3):370-380, 1972.**

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The relative efficacy of a group cognitive-modification treatment procedure was determined by comparing it with group desensitization and a waiting-list control group. The cognitive modification group combined an insight-oriented therapy which was designed to make test-anxious ss aware of their anxiety-engendering thoughts with a modified desensitization procedure which employed (A) coping imagery on how to handle anxiety and (B) self-instructional training to attend to the task and not ruminate about oneself. Results indicate that the cognitive modification group was most effective in significantly reducing test anxiety as assessed by (1) test performance obtained in an analogue test situation; (2) self-reports given immediately after posttreatment and later at a 1-month followup; and (3) grade point average. Following treatment, the test-anxious ss in the cognitive modification group did not differ from a group of low test-anxious ss, and in fact the cognitive modification ss reported a significant increase in facilitative anxiety. 63 references. (Author abstract)

**603. Meier, John H. Autotelic training for deprived children. In: Masserman, J., ed. *Current Psychiatric Therapies.* Vol. 10.New York: Grune and Stratton, 1970. pp. 30-45.**

Some fundamental procedures employed in an autotelic nursery school program for deprived children are described. An activity is autotelic if the activity is done for its own sake rather than for obtaining rewards or avoiding punishment. The autotelic responsive environment permits the learner to explore freely, informs him immediately about the consequences of his actions, is self-pacing, and fosters and uses his ability to discover relationships. The objectives of autotelic education for deprived children were: (1) to develop a positive self-image; (2) to increase sensory and perceptual acuity; (3) to improve language skills; (4) to improve problem solving and concept formation abilities. Short-term results have been very encouraging, but since the ultimate criterion of success is the emergence of the child from his defeating and debilitating milieu, no firm conclusions can yet be drawn about the overall or comparative efficacy of this approach to early education for culturally deprived children. 72 references.

**604. Meikle, Steward, and Gerritse, Richard. A comparison of husband-wife responses to pregnancy. *Journal of Psychology,* 83:17-23, 1973.**

In a comparison of husband-wife responses to pregnancy, 70 married couples applying for a therapeutic abortion were asked to complete the Minnesota Multiphasic Personality Inventory (MMPI) prior to the wives' undergoing a therapeutic abortion. In addition, the wives completed a second MMPI 6 months after the abortion was performed. The results were interpreted as support for the view that the female bears the brunt of the psychological stress involved in coping with an unwanted pregnancy. Furthermore, the effect of such an event appears to minimize any preexisting similarities between husbands and wives. However, the abortion procedure itself seems to some extent to redress this situation and results in an increase in similarities between spouses. The particular reaction pattern shown by the wives to stress induced by an unwanted pregnancy shows some stability over a 6-month period. 8 references. (Author abstract)

**605. Melchiode, Gerald A. The question of psychological rejection in heart transplants. *Voices*, 5(1):75-78, 1969.**

The possible role of anxiety in the rejection of the transplanted heart and the conscious and unconscious factors which may influence the success of heart transplants are discussed, in view of the effects of deeply rooted extraphysiologic concepts of the heart. Feelings about the heart are deeply rooted in the unconscious and have been reinforced through the ages by ancient teachings, myths, and folklore. Three psychiatric procedures which should be integrated into the regimen of heart recipients are recommended: (1) a recipient candidate should undergo psychiatric examination to determine his conscious and unconscious images of the heart; (2) psychiatric attention should follow transplantation to deal with possible psychological rejection, help lower postoperative anxiety and emotional drain, and assist the patient in making adjustments; and (3) cardiac transplants should perhaps be limited to children with severe congenital heart disease. 10 references.

**606. Mendel, Werner M. Psychiatry. *Medical World News*, 10(3):94, 1969.**

The research strides made during 1968 in the field of psychiatry—notably in understanding schizophrenia, treating narcotic addiction, developing drugs for manic-depressive psychosis, studying suicide, and providing mental health services for communities—are described. With regard to schizophrenia, much was learned about the management of this condition. Findings on the genetic factors of schizophrenia are mentioned, and the promise of genetic research for clinical psychiatry is emphasized. Lithium carbonate was found to be effective in relieving the manic state in manic-depressive psychosis, but its role in the depressive state remains unclear. In addition to specific research endeavors, various developments in services occurred. These included the establishment of the American Association of Suicidology to focus on the problem of suicide, the growth of the community mental health center approach, research which validated the Head Start Program as an approach to the program of bringing lower class children into the majority middle-class culture, and the expansion of crisis intervention as a technique for delivering mental health services.

**607. Merini, Alberto; Magnoni, Inere; Marzadori, Maurizio; and Rebecchi, Nara. La piccola comunita residenziale come mezzo educativo e terapeutico per la socializzazione di adolescenti "disadattati" (Esperienza triennale di un'alternativa all'istituzione di massa per minori). [The small residential community as an educational and therapeutic means for the resocialization of "delinquent" adolescents.] *Riv. sper. di freniatria e med. leg. delle alien. ment.* (Reggio Emilia), 96:730-740, 1972.**

To study the effects of small group-living communities, an experiment was carried out by the staff of the Villa Donini of the Medical Psychiatric Pedagogical Institute at Budrie, Italy, with 12 male adolescents between the ages of 13 and 15 characterized by inadequate use of intellectual potential, incapacity to learn from experience, incapacity to control impulses, lack of empathy and adherence to group rules, absence of guilt feeling, and a tendency toward delinquency. Except for food, clothing, and laundry, the community was autonomous and self-governing. The positive results of the socialization activity are seen not only in the disappearance of asocial behavior patterns but in the newly acquired ability of the adolescents to critically and freely face themselves and reality. This living experience is a concrete and better alternative to mass institutionalization of adolescent delinquents. 16 references.

**608. Michalik, Jerzy. Pojecie przystosowania spolecznego. [The concept of social adaptation.] *Zdrowie Psychiczne* (Warszawa), 12(3):66-77, 1971.**

The assimilative conceptions of social adaptation are evaluated. Following a review of popular theories resulting from behaviorist assumptions as well as those inspired by theoretical assumptions of the psychology of depth, the concept of active social adaptation is presented. Social adaptation is defined as the dynamic process of active life and active participation in the development of the social environment. The theoretical and practical consequences of the specific concept of social adaptation for reeducation and psychotherapy are considered. 18 references. (Author abstract modified)

**609. Michelman, Shirley. The importance of creative play. *American Journal of Occupational Therapy,* 25(6):285-290, 1971.**

The importance of creative play is discussed in both normal and handicapped children and adolescents to investigate the creative potential that all children share and its benefits for growth acceleration and improved functioning, as well as to advocate the value of creative behavior in developing human capacities and healthful adaptation. It is emphasized that creative play promotes problem solving behavior which leads to learning, coping, and adaptation to change. The positive yields of the creative process are identified as curiosity, flexibility, improvisation, commitment, and the courage to risk. Developmental stages of creative play are discussed as well as factors influencing creative behavior in both normal and handicapped children. 21 references. (Author abstract modified)

**610. Merlot, Lucette. Techniques for studying the vocational and social adjustment of sub-normal adolescents. *Clearing House Journal* (Newstead, New South Wales), 10:4-17, 1969.**

Initial observations from research into techniques for studying the vocational and social adjustment of subnormal adolescents are presented. Investigation of school performance of such persons indicated that differences in adjustment apparently depend in great part, if not essentially, on 2 factors: (1) motor and sensory-motor qualities; and (2) the aptitude for easily establishing contacts and relationships with others. Techniques used to further investigate the importance of this hypothesis included: (1) a questionnaire given to the teachers to classify individuals within a group; (2) a sociometric inquiry administered to peer groups to determine those persons considered most desirable as cohorts under a variety of specified conditions; and (3) direct observations of individual behaviors. Final results of these investigations are not yet available, pending further analyses and comparisons of data.

**611. Michels, Robert. Student dissent. *Journal of the American Psychoanalytic Association,* 19(3):417-432, 1971.**

The psychoanalytic study of student dissent adds to the understanding we have gained from sociologic, political, and educational inquiries. Many apparently rebellious college youths are acting on deeply felt moral convictions which were learned from their parents. Their behavior is sanctioned by their superegos and syntonic with their ego ideals, reflecting obedience far more than defiance. The interesting question is why this pattern was not more common in the past, and what shifts in our social structure

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and patterns of childrearing have led to a younger generation whose overt action is far more consistent with its thoughts and feelings than has been true in prior decades. Both student and adult behavior serve to express unconscious conflicts. Facile explanations which see student rebellions as reflecting failure to resolve Oedipal complexes, without discussing adult response in similar terms, are biased and unscientific. The distress and anxiety that student protests have elicited from the adult world can also be explored from a psychoanalytic point of view. Current student protests reflect a youthful insistence that one's social behavior be consistent with moral standards and intellectual concerns. They represent a new, emergent phenomenon, one which may be related to shifting patterns of neurotic illness which have been observed in recent decades. This new mode of youthful behavior may represent a necessary societal adaptation to a world of rapid change. 8 references. (Author abstract)

**612. Mikawa, James K. An alternative to current analyses of suicidal behavior. *Psychological Reports*, 32(1):323-330, 1973.**

An alternative to current analyses of suicidal behavior is discussed. Suicidal acts should be assessed within a broader framework of coping styles and stress situations occurring over a period of time. One of the major implications for research is that suicidal acts will not be seen as unique, isolated events but instead can be understood within the larger context of related psychological knowledge. 47 references. (Author abstract)

**613. Millar, T. P. Who's afraid of Sigmund Freud? *British Journal of Psychiatry* (London), 115(521):421-428, 1969.**

The current status of psychoanalytic theory is reviewed. Psychoanalytic ideas have had a great impact in the 20th century. Human behavior of all kinds has been reinterpreted in terms of instinctual drives and psychological defense mechanisms. However, there are many errors in psychoanalytic theory, and new data question such basic tenets as infantile sexuality and the Oedipus complex. Systematic observations of child development have failed to confirm the psychosexual sequence of the libido theory. The old words—oral, anal, instinct, drive, frustration—have been replaced. Events such as weaning and toilet training are seen not as traumas liable to produce instinctual conflict and later neurosis but as opportunities for the child to cope with his world, experience mastery, and develop psychological competence. Direct observation has led to a new emphasis upon individual differences in children. Psychoanalysis must examine its theoretical premises in light of these observations of child development. 19 references.

**614. Millar, T. P. The hospital and the preschool child.** ***Children,*** **17(5):171-176, 1970.**

The psychological effect of hospitalization on children and what can be done to prevent or minimize the psychological hazards of hospitalization for young children are discussed. In many instances, hospitalizing the preschool child subjects him to a particular kind of stress, separation from his mother, for which he is psychologically unready. His limited adaptive capacity is overwhelmed by the experience. Two recommendations are made about hospitalizing the preschool child: (1) avoid hospitalization whenever possible; and (2) redesign hospital childcare practices to reduce the stress and anxiety of the child's hospital stay as much as possible. Children are sometimes brought into hospitals to clarify diagnoses through observation and laboratory tests that might, with a little ingenuity and inconvenience, be managed in the physician's office or in the hospital's outpatient clinic. If the child must be admitted for more than 1 day, the mother should be permitted to stay with the child. 7 references.

**615. Miller, James C., and Janis, Irving L. Dyadic interaction and adaptation to the stresses of college life.** ***Journal of Counseling Psychology,*** **20(3):258-264, 1973.**

Dyadic interactions varying in degree of mutuality and prior exposure to the dyadic partner were studied in their effect on adaptation to academic and social stress in college. Mutual interaction and prior contact were hypothesized to be more effective in reducing stress and facilitating coping. Results confirm these predictions only with respect to class achievement scores among mutual dyads. On all other variables, mutual interaction appears to interfere with the process of adaptation. Prior exposure of subjects did not affect adaptation on any of 12 variables measured. 11 references. (Author abstract)

**616. Millimet, Raymond C. Support for a maladjustment interpretation of the anxiety defensiveness dimension.** ***Journal of Personality Assessment,*** **36(1):39-44, 1972.**

The relationship between the Millimet Manifest Anxiety Defensiveness (MAD) Scale and 3 psychometric measures was studied. Two groups of 28 college students scoring at the extremes of the MAD scale responded to 2 adjective check lists, the Rotter Incomplete Sentences Blank (ISB) and cards 13mf and 14 of the Thematic Apperception Test (TAT). The ISB significantly identified 86 percent of the low MAD scorers and 75 percent of the high MAD scorers as adjusted and maladjusted, respectively. Four subjectively determined categories of discriminating adjectives entitled internal discomfort, sensitivity, interpersonal uncertainty, and fatigue supported previous findings that individuals differing in defensive style differ in measures of self-description. TAT stories scored for emotional tone and outcome resulted in nonsignificant findings. Implications toward a unitary dimension of anxiety, defensive style, and personal adjustment are discussed. 32 references. (Author abstract modified)

**617. Misovich, Stephen. Birth order, affiliation, and membership in weight watchers. *Psychological Reports*, 32(1):94, 1973.**

The hypothesis that first borns would demonstrate a preference for social methods of coping with anxiety-associated eating behavior was tested. Birth-order information was obtained from the entire membership of a Weight Watchers class. The class mean family size yields an expected frequency of 8 first-born and 21 later-born members. The obtained frequency of 14 first born and 15 later born differs significantly from the expected membership values, lending support to the hypothesis. No differences were found between first-born and later-born members in number of meetings attended, length of membership, and amount of weight lost since joining Weight Watchers, suggesting that both groups can stay with and benefit from social help. 2 references. (Author abstract modified)

**618. Misra, Arun Kumar. Camping for mentally retarded children. *Social Welfare* (New Delhi), 19(10):32-33, 1973.**

A program of camping for mentally retarded children in a U.S.-aided project at Kashi Vidyapith, Varanasi, India, is examined. Such outdoor programs encourage self-help behavior which spreads easily to peers due to the open social structure. Discipline is instilled as the children learn to control their demands and behaviors so they may enjoy their fulfillment in the various group activities. The special freedom of these outdoor activities allows the children to achieve a fuller understanding of themselves as participating members in the social milieu.

**619. Mitchell, Anna C., and Smeriglio, Vincent. Growth in social competence in institutionalized mentally retarded children. *American Journal of Mental Deficiency*, 74(5): 666-673, 1970.**

Two groups of 25 moderately and severely retarded children were evaluated for social competence development during their first years of institutionalization. Children receiving the routine care characteristic of state institutions made no progress in Vineland social age; consequently, they showed a significant decline of 10 points in average social quotient (SQ). Children receiving an additional high-saturation teaching program increased in social age and maintained their preadmission SQs. Both groups were significantly different from normal children in the comparative rate of development in various areas of social competence. Results suggest that young, moderately and severely retarded children require formal teaching in addition to routine attendant care. 13 references. (Journal abstract)

**620. Mitchell, G.D.; Arling, G.L.; and Moller, G.W. Long-term effects of maternal punishment on the behavior of monkeys. *Psychonomic Science,* 8(5):209-210, 1967.**

An experiment has been conducted to test the hypothesis that maternal punishment leads to an increase in adolescent aggression. The adolescent behavior of infants of punitive mothers was compared with the behavior of infants of nonpunitive mothers in 16 male and 16 female rhesus monkeys. Maternal rankings were made using a modified Hansen scoring system. Testing of the long-term effects of punitiveness were conducted when the ss were between 15 and 39 months of age. Testing consisted of exposure of ss to 2 stimulus animals—an adult stimulus monkey, aged 5½ years, and a 1-month-old infant monkey. The behavior of the experimental monkeys was recorded. Results indicate that adolescent monkeys having punitive mothers for the first 3 months of life display more aggression and less social exploration than adolescent monkeys having nonpunitive mothers. 11 references.

**621. Mitchell, Kenneth R. The severely disabled: Some problems associated with the adjustment to stress during the rehabilitation process. *Australian Journal of Social Work* (Sydney, Australia), 23(3):24-29, 1970.**

A review of social work with the severely disabled during rehabilitation is given. Definitions, the social psychology of disability, adjustment to stress, relationship between maladjustment and disability, and practical implications for the social worker are discussed. It is concluded that successful social work intervention in rehabilitation does not necessarily mean the achievement of maximum goals. If the individual's brooding, and preoccupation with the unattainable, are reduced and attention focused on achievable goals, a measure of rehabilitation success is attainable. The restoration of the integrity of the self-image, concomitant with a respect for oneself as a person, despite physical limitations, is a major rehabilitation achievement. The problems of adjustment to the stress of severe physical disability require first the neutralizing of the threat and the finding of a new or modified meaning in life which makes it something more than mere existence. With the increasingly sought guidance of social workers, this meaning may be such as to encourage maximum physical and economic independence and self-sufficiency on the disabled person's part. 12 references.

**622. Mizutani, Tohru. Effect of stereotaxic amygdalotomy on behavior disorders.** ***Bulletin of the Research Institute for the Education of Exceptional Children*** **(Tokyo), 3:66-77, 1969-70.**

The effect of stereotaxic amygdalotomy on behavior disorders is discussed, based on results of the operation on three patients with restless, hyperactive, explosive, and destructive personalities. The subjects included a 12-year-old feebleminded boy with an epileptic EEG, a 10-year-old boy with frequent epileptic attacks of the psychomotor type, and a 41-year-old male with generalized convulsive attacks and manifestations of typical epileptic personality change. In the first case, a bilateral surgical approach was used, while in the second and third a unilateral one was chosen. All became calm, obedient, and socially well adapted, although the effects in the first case were only temporary. Some considerations regarding the effect of this operation on intelligence level, the relationship between epileptic abnormality and behavior disorder, side effects (including the Kluver-Bucy Syndrome), and physiological functioning of the amygdaloid nucleus and related brain structures are offered. 31 references. (Author abstract modified)

**623. Mohan, Jitendra, and Mohan, Vidhu. Effect of leadership training on sociometric choice.** ***Psychological Studies,*** **14(2):121-124, 1969.**

Sociometric choice apparently depends on numerous factors, and may change over time. To determine the influence of various factors, the authors conducted a study of a group of 26 boys from various colleges and departments of Punjab University, who were attending a leadership training camp at Dharamsala, India, in the early summer of 1967. The investigators collected the following personal data on each of the subjects: name; age; annual family income; religion; residence; mother tongue; and personality scores of extraversion and neuroticism. The subjects were asked to reply honestly to two questions: (1) "With whom would you like to share your duty, discuss and organize work?" and (2) "With whom would you like to go on a picnic, hike, or excursion?" These questions were posed at the beginning of the camp period and again at the end. It was found that in some cases a radical change in sociometric rating occurred. The results seemed to indicate that personality factors, and level of education achieved tended to far outweigh other factors such as age, residence, income, tongue, etc. Extraversion, and low scores in neuroticism tended to provide powerful biasing factors over the camping period when the opportunity was available for the subjects to become familiar with one another. 8 references.

**624. Molinski, H. Kontrazeption und Gleichberechtigung der Frau. [Contraception and equality of women.] *Zeitschrift fur Psychotherapie und Medizinische Psychologie* (Stuttgart), 22(4):129-140, 1972.**

Equal rights for women are threatened by prohibitions regarding contraception under various conditions including: the case of the unmarried mother; fear of conception in sexual freedom; the competition of a child (oral competition); and other biological and physiological factors specific to women. The feeling that the women is not regarded as man's equal is not entirely due to the man's dominance nor the woman's envy of man's genitalia, and, although contraception may lighten some of the physiological problems, it is not effective against the deeply anchored biological characteristics of the female. Equal rights may encompass many aspects: power; competition; self-fulfillment; the desire for a child; sexual experiences; economic security; disassociation from one's body; and direction of psychic energy. Psychotherapeutic management and obstetric activities have revealed a relationship between psychogenic disturbances in pregnancy and birth and the patient's concept of her own femininity which develops step by step in the adolescent girl. Motherhood is seen as a symbiosis with the child, and an identification with the mother occurs at various stages of the child's development. In the little girl's development, both the identification with motherhood and heterosexuality occur in due course. In terms of equal rights, each woman has her own specific aims, and contraception is not the key to this condition, but is one of many advances that may be utilized by certain individuals. 12 references.

**625. Monat, Alan; Averill, James R.; and Lazarus, Richard S. Anticipatory stress and coping reactions under various conditions of uncertainty. *Journal of Personality and Social Psychology*, 24(2):237-253, 1972.**

Two experiments concerning the effects of uncertainty on anticipatory (3 minute) stress reactions and cognitive coping responses are reported. Under temporal uncertainty, the subjects knew that a painful electric shock would occur, but not when; conversely, under event uncertainty, the subjects knew when, but not whether, shock would occur. Temporal uncertainty subjects demonstrated maximum affective disturbance early in the anticipation period and thought less about the shock as time progressed. Subjects in the various event uncertainty conditions (100 percent, 50 percent, and 5 percent probability of shock) showed an opposite pattern of response and, moreover, did not differ among themselves in terms of the degree of anticipatory stress reactions. These relationships are interpreted as reflecting the importance of cognitive appraisal and coping processes in stress reaction patterns under various conditions of uncertainty. 32 references. (Author abstract)

**626. Money, John. Adolescent psychohormonal development. *Southwestern Medicine*, 48(10):182-186, 1967.**

Gynecomastia, sexual infantilism, and sexual precocity may cause psychological and social problems in adolescence. In congenital anorchia (absence of testes), the patient may have erotic thoughts, but the sexual drive is weak. Paraplegia offers another example of the independence of cognitional and hormonal eroticism, since the patient may have erotic thoughts without physical erotic feelings. The genotype can be overridden at several points in the developmental cycle. If an embryo is castrated in utero before the critical period of sex organ differentiation, it develops into a female, regardless of genetic sex. Certain neural structures of the hypothalamus are directly responsive to sex-hormonal substances. Childhood experience is important in human psychosexual differentiation, the critical period being ages 2-5 years. There is probably a greater risk of error in differentiation as a male than as a female. During childhood, part-functions are exercised and developed ready for the full and coordinated function, or malfunction, after the onset of hormonal puberty. 7 references.

**627. Montenegro, Hernan. Severe separation anxiety in two preschool children: Successfully treated by reciprocal inhibition. *Journal of Child Psychology and Psychiatry* (London), 9(2):93-103, 1968.**

Separation anxiety of pathological degree in two preschool children was successfully and expeditiously treated (in 15 and 16 sessions, respectively) by structuring a real-life, systematic desensitization based on reciprocal inhibtion, using the feeding responses as the physiological state to counteract the anxiety. As part of the symptomatology, one of the children showed a refusal to speak, which was successfully treated using operant conditioning techniques. A full description of the treatment procedure and results is given, and the rationale of the method is discussed.

Emphasis is placed on counteracting and resolving the current circumstances that are maintaining and reinforcing the undesirable behavior, rather than on a detailed analysis of origins of the difficulty. 20 references. (Author abstract)

**628. Moore, Bernardine. An alternative to drug abuse, drinking, alienation and boredom for America's third century. *Health Services World*, 7(5):2-5, 1972.**

A program of alternatives to drug abuse, drinking, alienation, and boredom developed by the National Institute of Mental Health is described. The goal of the program is to focus the skills, energy, and ideas of concerned people all over the United States on discovering innovative pursuits and resources that will meet human needs and make for more rewarding living. The program includes a process of collaborative conferencing involving community teams over a several-month period. The philosophy behind the program is that each team or band of citizens can tackle its own task within a community without a host of predesigned directives or administrative guidelines. Communication is maintained by mail and by tape.

**629. Moore, Dewey J. *Preventing Misbehavior in Children*. Springfield, Illinois: Charles C. Thomas, 1972.**

The latest research in modern psychological techniques for preventing or normalizing misbehavior in children is presented. Ignoring traditional psychoanalytic theory and practice, emphasis is placed on behavior modification, psychotherapy conducted by parents, physiological and psychological imprinting for infants, developing empathy with children, and decision training.

**630. Mor, Edna; Shanan, Joel; and Levinson, Arthur. Motivation and coping behavior in adaptation to contact lenses. *Journal of Personality Assessment*, 37(2):136-143, 1973.**

Adaptation to contact lenses was chosen as a paradigm for a process of adjustment to self-selected stress. It was hypothesized that a tendency to cope actively with novel and complex situations is needed for success in adapting to this type of situation. Forty women, ages 16 to 33, before receiving contact lenses for cosmetic reasons, were administered the Shanan Sentence Completion Test, the Petrie Experiment, and a questionnaire. Two months later, objective symptoms, subjective complaints, and feelings about adaptation were assessed. A significant positive relationship was found between the tendency to cope actively and success (number of hours wearing time per day). General positive motivation for self-realization in relation to people and for constructive activity was highly correlated with success, whereas situation-specific motivation was not. Ss who tended to decrease stimulation on the Petrie Experiment were more successful than those who augmented. The relevance of these findings for a theory of coping behavior and its assessment was discussed. 8 references. (Author abstract)

**631. Moraitis, S. Medico-social problems in the Greek population in Melbourne. 2. Paediatric problems as seen by the medical practitioner. *Medical Journal of Australia* (Sydney), 2(16):881-883, 1972.**

Aspects of children's illnesses and resultant family stresses and strains in the Greek immigrant population are discussed as part of a study of medicosocial problems in the Greek population of Melbourne. It is probable that the pattern of organic illness in children of the Greek community is not significantly different from that of the general Australian population. However, the reaction of the Greek parents to the illness is frequently different, with excessive anxiety the outstanding feature. The most important reasons for this anxiety are the stress and strain of adapting to a new culture, social and cultural beliefs concerning illness, and distrust of doctors. Unless these factors are appreciated, advice given will often not be accepted or followed. For example, the acceptance of folk remedies by the physician will aid the patient to accept more specific remedies prescribed by the doctor. (Author abstract modified)

**632. Morgan, C.J. An individual action-research method for intensive exploration of adaptive difficulties in the prepuberty stage. *Journal of Psychology,* 58:439-458, 1964.**

An action-research method was used to study a preadolescent boy who showed maladaptive coping techniques and inadequate level of functioning. The approach involved activities and opportunities called "growth experiences." A young male graduate student participated with and observed the boy in the following growth experiences: (1) construction of slings, to test the boy's capacity to shift to socially acceptable outlets for aggression; (2) swimming, to explore problems in competition and fear of aggression from an adult; and (3) tying fishing flies and making fishing equipment, to test achievement motivation and obstacles. The boy began to develop a capacity to communicate, and build upon, his own interests. Use of the growth experiences revealed attitudes, feelings, conflicts, obstacles, potentialities, and strengths which standard clinical examinations had left unclear. The growth experience activities, which were tailored to the boy's individual needs, aided understanding of his developmental disturbances.

**633. Morgan, D.H. Neuro-psychiatric problems of cardiac surgery.** ***Journal of Psychosomatic Research*** **(London), 15(1): 41-46, 1971.**

The incidence of psychiatric disturbance after cardiac surgery is much higher than after routine surgery. A study of neuropsychiatric problems of cardiac surgery is made by investigating the incidence of postoperative psychiatric disturbance among patients requiring bypass surgery. Preoperative and postoperative interviews were held with 72 of these patients. They were assigned to one of four categories according to their emotional adjustment to the operation. Sixteen were noted to have neurological damage, and this was taken into account when assessing the occurrence of delirium or depression postoperatively. In the absence of neurological damage, there was a very low incidence of delirium. Prolonged depression occurred in 28 patients, and it was significantly higher in those who were overanxious beforehand. Fifteen patients died, not all of the deaths being explicable, and there were a significantly greater number of deaths among those who beforehand admitted to being hopeless about the outcome. 8 references. (Author abstract modified)

**634. Morgenstern, Murry. The psychosexual development of the retarded. In: De la Cruz, F., ed.** ***Human Sexuality and the Mentally Retarded.*** **New York: Brunner/Mazel, 1973. pp. 15-28.**

Psychosexual development in the mentally retarded is examined and compared to that of normal children. The retardate's development follows the same schedule as the normal person's except that the retarded child requires more time to advance from one state to another, has less tolerance for stress, and more has accessible masses of anxiety, weaker ego strength, and poorer relationships to people and objects. These deficits appear in all of the stages of psychosexual development, from infancy and through latency and adolescence, resulting in varying degrees of poor sexual identification. Studies of both young and older retardates reveal that they are often unable to express sexualized feelings because they do not see themselves as recipients of symbolic and concrete affection, either from peers or in their family relationships. Offering the mildly retarded the same opportunities that normal young people have to experiment socially, vocationally, educationally, and sexually, may bring them closer to functioning as average individuals. 10 references.

**635. Moriarty, Alice. Coping patterns of preschool children in response to intelligence test demands.** ***Genetic Psychology Monographs,*** **64:3-127, 1961.**

Coping patterns of preschool children in response to intelligence test demands were studied in 32 normal children. Ratings were made on the following 11 variables: speed of orientation; cooperation with authority demands, acceptance of structure; cooperation with authority demands, quality of participation; reaction to the adult as a person, capacity to establish a social relationship; reaction to the adult as a person, warmth or closeness of contact; autonomy expression; accepting own cognitive limits; readiness to utilize help; motor and visual-motor control; self-feeling; overt or observable tension. Both newness and difficulty were sources of stress, and under these conditions, the child's behavior varied to an extent partly determined by the stress which he brought to the test situation and his level of development. Physical and mental maturity contributed to effective coping with the special demands of the structured test. A more important factor was the quality of motor control and the extent to which motor skills were subject to deterioration under affective and social pressures. Intelligence contributed less to effectiveness of coping than did such noncognitive factors as the positiveness of the child's feelings about himself, his capacity to relate himself to and interact with adults cooperatively without giving up his own autonomy, and an ability to evaluate his own skills comfortably without excessive tension. Moderate tension served to focus the child's attention. Test behavior closely resembled more global coping with pressures of day-to-day experiences. There were individual differences in ways of coping. The typical child showed a tremendous resourcefulness in handling difficult and stressful situations. When children are given opportunities to develop at a pace consistent with their own constitutional and temperamental needs, they are able to develop resources for coping flexibly with environmental demands. 64 references. (Author abstract modified)

**636. Morley, Wilbur E.; Messick, Janice M.; and Aguilera, Donna C. Crisis: Paradigms of intervention. *Journal of Psychiatric Nursing and Mental Health Services,* 5(6):531-544, 1967.**

The psychiatric nurse can be utilized successfully in community facilities, if trained in crisis intervention. The nurse can often more easily gain rapport with the patient than can the psychotherapist, has dealt with crises in her work, and can respond flexibly to a situation. Psychiatric nurses can readily be taught the generic approach to psychotherapy, requiring the mastery of certain skills. While not as powerful a treatment modality as the individual approach, the nurse can employ it effectively. At the Benjamin Rush Center for Problems of Living, nurses work as coordinators collecting primary data and as consultants working towards satisfactory resolution of crises, which is to help the consultee function more effectively following the crisis than he had before. Philosophical and specific techniques of crisis intervention are detailed, illustrated with a clinical case study. 5 references.

**637. Morley, Wilbur E., and Brown, Vivian B. The crisis-intervention group: A natural mating or a marriage of convenience? *Psychotherapy: Theory, Research and Practice,* 6(1):30-36, 1969.**

An assessment of the advantages and disadvantages of the use of crisis theory in a group setting (the crisis intervention group) is made. When compared to the traditional group, the crisis group appears to offer the significant additional contributions of reaching persons in need of treatment who would not have otherwise sought it, and providing increased leverage in bringing about change. To a certain extent, however, the use of group process and transference is sacrificed. Compared to individual crisis intervention, the group seems to offer genuine support, a certain amount of desensitization in problem areas, and suggestions of useful coping mechanisms to a greater extent than would be available in individual treatment. On the negative side, it is more difficult to keep each individual's crisis in sharp focus, and to avoid potentially destructive suggestions by other members of the group. The crisis group approach is generally viewed as an important new therapeutic tool. 20 references.

**638. Morrison, Gilbert C. Therapeutic intervention in a child psychiatry emergency service. *Journal of the American Academy of Child Psychiatry,* 8(3):542-558, 1969.**

In a child psychiatry emergency service, the treatment team must effect change not only within the patient's and parents' limited motivation, but also within a limited period of time, so that questions regarding treatment for symptomatic relief, depth personality change, commitment, and self-sacrifice become less relevant. The goal becomes finding crisis intervention methods fitting patient-defined prerequisites. The Child Psychiatry Emergency Service in Cincinnati, Ohio, has made a continuing study in an attempt to differentiate between those families who will participate only during the acute family crisis and those who will continue for more intensive diagnostic evaluation and treatment. Those individuals and families who view the problem as having been stimulated from outside of themselves evidence little motivation beyond a desire for a quick solution. This group comprises the majority of families, and followup studies have revealed that they are least likely to respond to referrals for additional evaluation and treatment. The second group introduce themselves with comments which imply that they have observed that certain types of problems recur in their families, and the transition from crisis intervention to ongoing treatment in the clinic can be expected to follow without difficulty. In the emergency service, the child psychiatrist begins his diagnostic thinking and therapeutic planning at the time of the first phone call or emergency room contact. He continues as a member of the therapeutic team until the family is discharged or until further therapeutic contact is established in the outpatient clinic. Using this method, a working diagnosis is formulated, and treatment of the family is begun at the first visit and within hours of the family's request for psychiatric assistance. 12 references.

**639. Morrow, J.T. Providing growth experiences: A preventive approach. *Bulletin of the Menninger Clinic*, 29(4): 177-188, 1965.**

A pilot project designed to influence significantly the personalities of young adolescent boys at a critical stage in their development was described. The method used was to provide individually planned and guided activities and projects specifically relevant to the boys' unmet needs and actual or potential interests, under the leadership of a young man, a graduate college student. The boys in question were 60 children studied from infancy to age 12 at the Menninger Foundation who have had some psychological problem. One case was discussed, that of Ned. Ned's "problem" overtly lay in the discrepancy between his excellent early and his poor present coping techniques, resulting in increasingly explosive aggression. This was seen to be caused by cultural deprivation. A tailormade program was constructed and has been started for Ned, consisting of: (1) broadening the scope of experiences; (2) fostering mastery and skill development; (3) sublimation; (4) meeting developmental crises through identification and identity formation; and (5) stimulating creative potential. One of the important issues in selecting the leader is that he must be a fairly young man, one who can act as a culture bearer. Objective reports have indicated improvement for Ned. 4 references.

**640. Morsbach, H. How adolescents view their future - A comparison between Japan and Western countries. *Biocharacterist*, 2(5):169-170, 1972.**

A crosscultural study of adolescents was presented at the 20th International Congress on Psychology. An investigation of the future plans of 100 Japanese and 100 Scottish high school students revealed a relatively high degree of homogeneity of opinion among all subjects in some areas such as degree of self-rationalization and the future importance of technology. Intragroup differences (male and female) were far less prominent than intergroup differences. On the whole, Japanese ss were more optimistic about and excited by the future. They showed greater idealism and wanted more power over others, although they wished for more friends and more often hoped for help from others. The Scottish ss were more confused by their future and feared greater boredom. Although aspiring to a greater degree of individualism, they were more ready to live the life of an average person. Findings support generally held theories concerning adolescence in these two groups and substantiate hypotheses such as the greater quest for individualism in the West and the greater importance of the reference group in Japan. (Author abstract modified)

**642. Morse, Joan. The goal of life enhancement for a fatally ill child. *Children*, 17(2):63-68, 1970.**

When confronted with a fatally ill child, hospital staff members may feel thwarted unless they take a clear look at the ultimate purpose of medical care: to enhance the quality of life insofar as possible as long as life remains. The Center for Juvenile Rheumatoid Arthritis at Robert B. Brigham Hospital, Boston, was constantly reevaluating their goals as a team during the 3 years they cared for Linda M., the only child who died at the center as the direct result of arthritis since its opening in 1963. The hospital team members learned as they worked with Linda and her family that comprehensive treatment can enrich the quality of life for a fatally ill child for whatever time remains; the development of good relationships with the patient's parents during the life of the child can make it easier for the family to cope with the crisis of death and to carry on effectively afterward; children can often cope with their feelings about death more realistically than adults expect them to; and regular opportunities for communication help team members to deal with their feelings openly and constructively at times of crisis as well as to formulate unified plans for patient care. 9 references.

**643. Moser, Ulrich. Zur psychologie der verstandigung. [The psychology of communication for mutual understanding.] *Psyche* (Stuttgart), 22(1):50-66, 1968.**

Both the willingness to achieve communication and mutual understanding in a conflict situation and the actual ability to do so depend in large measure on the content of the internalized commands and prohibitions which make up the preautonomous superego schemata, just as the subsequent elaboration of these into an object-independent, autonomous superego structure and ideal is influenced profoundly by the child's immediately-experienced attitudes toward, and felt relationships with, the introjected objects of libidinal cathexis. On the one hand, the ideal of communication and conflict resolution may be implicit in such content, resulting in the development of an essentially autonomous morality based on the principles of reciprocity and striving for insight. On the other hand, it may be excluded from such content, resulting in the child's subsequent inability to move beyond the stage of so-called moral realism, in which the moral compulsion of an absolute authority has all the effect of immutable decree. In both individual lives and the political operations of nations, education directed toward the former goal could result in a striving for insight into one's own motivations and those of the other individuals or groups with whom one is involved, accompanied by a genuine search for resolution of the grounds of conflict. In both, education directed toward the latter has resulted in reverting to a process of minimal strategy and zero-sums games playing, with significant impairment of reality testing as concerns the superego ideal itself and all of the object relationships with which it is involved. Because the nature of perceived reality has been predetermined, there is virtually no possibility of developing any genuine awareness of relativity, real desire for reciprocity, or ability to assess the validity of presumed motivations and reactions.

**644. Mosier, Robert Earl. Avoidance of failure as a life style. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-4589. (HC, $10; MF, $4).**

Seventy-nine psychology students were divided into eight groups and tested in an experiment to investigate avoidance of failure as a lifestyle with respect to certain correlates and criteria. Research was based on Adlerian theory and achievement motivation theory. The general hypotheses were that avoidance of failure as a lifestyle: (1) could be identified by early recollections; (2) had differences with respect to males and females; (3) had no relation to ability; (4) was positively related to achievement motivation; (5) had personality correlates of low self-worth, low social adjustment, high levels of anxiety, poor parental modeling, and sibling competition; and (6) was related to school achievement and vocational planning. The results for the men generally support the hypotheses. Results for the women were generally less significant. A major conclusion was that males and females differ with respect to factors relating to lifestyle. Ability does not seem to play a major part in these variables with respect to lifestyles. Avoidance of failure was a more frequent lifestyle than striving for success. (Journal abstract modified)

**645. Mulvihill, Donald J.; Tumin, Melvin M.; and Curtis, Lynn A. Youth and violence. In: Mulvihill, D., ed. *Crimes of Violence*. Vol. 12. Washington, D.C.: Government Printing Office, 1969. pp. 603-637.**

The meaning of youth, the role of young people in criminal violence, and policy implications are examined. Massive communication assists in the organization of the youth subculture. Advertisements of guns and cars are seen to be part of the socializing process that causes aggression. Statistics show an increase in juvenile delinquency. Typical characteristics of offenders of violent crime are: Negro, poor, male, and urban. Gang influence in ghettos is described. Forms of public response available to reduce crime are the juvenile courts and correctional institutions, whereas, social reconstruction programs are needed. 113 references.

**646. Mumford, Emily. Promises and disaffections in mental health programs in schools. *Psychology in the Schools*, 7(1): 20-28, 1970.**

Mental health projects in schools are greatly proliferating, as they should be in light of the importance of the school as a socialization center and wedge for social change. However, not all the programs have done what they set out to do. Many fail to educate and utilize the teachers effectively as case finders and their programs are disrupted due to the conflict between the needs, patterns, concepts, and behavior that characterize lower income living and those of the complex organizational systems. A review of the literature suggests that effectiveness is likely to be reduced whenever mental health professionals pay insufficient attention to school structure, and to relationships with parents, teachers, and school administrators. Misunderstandings in role defining (sometimes emotionally charged, due to status considerations), the use of obscure jargon, excessive expectations, and inflexible bureaucratic procedures are common reasons for program failure and are easily avoidable when recognized. The experience of one project indicates that when a well-articulated team works in close collaboration with a school, and is supported by a medical team, it can be an effective mechanism for crisis intervention and prevention through early identification of problems and the encouragement of help-seeking behavior. 48 references.

**647. Murphy, Lois B. Spontaneous ways of learning in young children. *Children*, 14(6):210-216, 1967.**

Some of the ways in which the relatively unorganized, passive newborn infant becomes the curious, competent 2-year-old who copes ingeniously with many problems are elaborated. Based on

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observations of children in different settings and conditions of life in various parts of the world and on results of research, the following first steps in learning are identified: using reflex equipment; passive looking, listening; selecting stimuli actively and turning toward stimuli; exploring the environment; cognitive mapmaking; combining two things to discover what happens; organizing sensory-motor processes into his primary adaptational style; mastery of the body; more complex body and motor skills; development of curiosity; avoiding pain and evoking rewards; using trial-and-error approaches. Additional steps in learning take place through contagion and by participation, imitation, and identification. Important also are learning to cope with frustration, to be comforted, to amuse oneself, to fear, to express anger, to trust the world, and learning to unlearn. Outgrowing babyishness brings rewards that include an expanded horizon for learning. 25 references.

**648. Murphy, Lois B. Psychoanalysis and child development. *Bulletin of the Menninger Clinic,* 21(6):248-258, 1957.**

The fields of psychoanalysis and child psychology are both concerned with personality development. Theoretical implications of observations of infants and young children were discussed, with emphasis on relationships between the ego and drives. Studies of normal children are needed to see how adaptive patterns are used in everyday life, for example, symbiosis, regression or tendencies to seek primitive gratification, withdrawal, hostility, and so on. The drive-motivated and neutral areas of functioning or libidinal and ego development have a mutually dynamic influence on the growing child, and an understanding of this interaction is necessary for an understanding of either normal or disturbed children. Richness of experience in neutral areas provides an important balance for potentially unbalancing libidinally charged areas. Most children can carry out logical, problem solving, constructive processes far beyond what they can verbalize; thus, secondary process thinking is not dependent on the ability to verbalize.

**649. Murphy, Lois B. Factors in continuity and change in the development of adaptational style in children. *Vita Humana* (Basel), 7:96-114, 1964.**

An ongoing sequential study was made of over 60 children from infancy through the prepuberty stage. Detailed observational data were gathered in addition to standard tests and examinations, and crises were followed up intensively where possible. The focus is on the processes contributing to continuity and to change; and on their relation to the development of individual adaptational style.

Over half the children changed markedly in one or another aspect of functioning. The interaction of changes in growth and in drive hierarchy under two situations was discussed: when demands from the environment are anticipated; and when they are unpredictable, as when loss or trauma occurs. Children showing most continuity had greater developmental balance and less vulnerability in infancy, and were growing up in environments which were relatively homogeneous, stable, free from traumatizing vicissitudes, and congenial to the child's natural style of development. 22 references.

**650. Murphy, Lois B., and Krall, Vita. Free play as a projective tool. In: Rabin, A.I., and Haworth, M.R., eds. *Projective Techniques With Children.* New York: Grune & Stratton, 1960. pp. 290-304.**

The use of play as a projective tool can provide data on the child's relationship to and ways of dealing with things and people, his concepts about the world and human experiences, his style of expressing himself both bodily and verbally, his methods of coping with conflicts and anxieties, and his creativity and capacity to restructure situations. Play may be used in the diagnostic study of deaf children, nonspeaking children, and children whose communication problems have precluded the use of intelligence tests, CAT, and other speech-reliant approaches. Whatever a child does in any play situation is influenced by the nature of the situation, the feeling tone and atmosphere of the situation, the materials available, the child's feeling as he enters the situation, his expectations and assumptions regarding what he is allowed to do or is free to do, and the interaction between him and the examiner. Play materials include those which permit regressive play in conjunction with miniature life toys for more realistic play, materials which permit aggressive play, junk toys containing odds and ends, and materials which permit communication and expression. The quiet, passive role of the examiner is emphasized. Several areas of play which need to be observed are delineated. The importance of the child's developmental level, his grasp of reality, and his ego functioning are noted. Criteria for the differential diagnosis of disturbed children via their play are discussed. Play characteristics of brain-damaged, retarded, and neurotic children are described. An analysis of the play process can reveal what values play has for the child, what difficulties he needs help with, what he does with his play, and how he copes with strong feelings. 124 references.

**651. Murphy, Lois B. The child's way of coping: A longitudinal study of normal children. *Bulletin of the Menninger Clinic,* 24(3):97-103, 1960.**

In a study of the coping patterns and resources of normal children, 31 children previously observed during infancy were observed at home and in a variety of testing situations during the preschool and latency years. Most of the children tended to develop more mature coping resources within the same general coping style from year to year, sustained by behaviors which had been reinforced in the child's previous interpersonal experiences. Statistically significant differences were found between behaviors in infancy—for example, the ability to protest and to eject unwanted tastes or foods—and later capacity to fend off pressures from the environment. While most children show consistent coping strategies, some children show dramatic changes in overt coping style and either develop new coping resources, or deteriorate under new stress or external intensification of inner problems managed comfortably before the new stress.

**652. Murphy, Lois B. Learning how children cope with problems. *Children*, 4(4):132-137, 1957.**

Preliminary results concerning the ways in which children cope with their problems were reported from a study of normal children of preschool age. Analysis of intelligence-test behavior showed that most of the happiest or best adjusted children used a wide variety of defenses in a flexible way. Some children tend to cope with problems in the external environment (for example, standardized tests) by trying to change reality; others develop coping methods which are consistent with the reality of the test situation. Such differences in coping strategies do not seem to be closely related to intelligence. While a child may be characterized by certain basic coping strategies, dramatic developmental changes and sequences in the use of specific coping devices occur. Many of the patterns which are ordinarily called problem behavior or even symptoms of emotional disturbance appear in the coping devices of these normal children. These children typically show regressive types of behavior during intelligence tests. During the latency period, a narrowing of the range of defenses and the crystallizing of these into more rigid patterns of character structure appear in each child. 7 references.

**653. Murphy, Lois Barclay. The stranglehold of norms on the individual child. *Childhood Education*, 49(7):343-349, 1973.**

A discussion of the stifling effects on children of the statistically based norms and unrealistically restricting expectations imposed by these norms is presented. It is suggested that each teacher and clinician look at the child's situation to discover the meaning of the child's behavior from the child's own point of view. The positive strategic values of withdrawal in certain situations needs to be understood. The children's protests, resistances, attempts to change or control situations, and all the other coping efforts need to be understood and valued to find cues to what the child finds intolerable, unsuitable, boring, distasteful, or threatening to his integrity. 20 references.

**655. Nagera, Humberto. The imaginary companion: Its significance for ego development and conflict solution. *Psychoanalytic Study of the Child,* 24:185-196, 1969.**

Several case studies are presented which show the needs that were fulfilled by imaginary companions. In the first case, in which the memory of such a companion was revived in the analysis of an adult patient, the creation of a companion served the purpose of correcting painful reality, denying and relieving loneliness, and assuaging guilt. The case of a young child at the Hampstead War Nurseries shows some aspects of the coping mechanisms that she evolved as a reaction to a sudden change in her living conditions that also involved losses. She engaged in a continuous daydream involving the participation of a variety of animals and people. Another case shows how a child at a time of serious stress in her life managed to create an imaginary companion who helped her avoid regression and symptom formation. This is contrasted with her two older siblings who responded to the same traumatic situation with regression and symptom formation. Another case shows the simultaneous presence of an imaginary companion and a transitional object. Some features of the imaginary companion phenomenon which are not necessarily characteristic of other forms of fantasy are pointed out. 21 references.

**656. Nagera, Humberto, and Colonna, Alice B. Aspects of the contribution of sight to ego and drive development: A comparison of the development of some blind and sighted children. *Psychoanalytic Study of the Child,* 20:274-282, 1965.**

The ego of the blind child is discussed on the basis of a study of six children. Blind children cannot be assessed as though they were ordinary children except for their lack of sight, for when blindness dates from birth or early childhood, drive and ego development proceed in atypical and distorted ways. In the blind child, ego performance can be extremely unreliable. Most important is the case in which anxiety can become overwhelming and traumatic and result in the temporary collapse of otherwise well-established functions. This often manifests itself in immobility. Some examples are given of the blind child's use of ego functions

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in the service of adaptation to the world around him. Whatever ego functions are dependent on the availability of the right kind of imagery of symbols are limited. It is believed that the ego of the blind must find alternative means of coping with these problems before it can turn to the rather primitive drive organization and establish appropriate controls over drive activity.

**657. Naharsinh, Rana Manharsinh. Recreation versus juvenile delinquency. *Social Welfare* (New Delhi), 17(8): 13-15, 1970.**

The part that play and recreation have in child development and in adult life is discussed. Children use play to act out their day dreams, to express feelings, to do things which are forbidden, or for wish fulfillment. Recreation is as important to adolescents and adults as play is to children; it is a way of solving emotional problems. Games are briefly discussed in this context. The program of boys' correctional institutions in India includes many recreational activities.

**658. Narain, D. Growing up in India. *Family Process*, 3(1): 127-154, 1964.**

Recent research on the socialization of the child in India was reviewed. The data almost always referred to Hindu communities. In the joint family, the presence of three generations modifies the distribution of authority and of love and affection. The presence of a grandfather serves to reduce the authority image of the father and perhaps adds kindliness to the image of authority. The first child is most often desired to be a son. The birth order of the child determines the love and care it receives. It is mainly the mother who looks after the baby. Both weaning and toilet training usually occur between the ages of 2 and 3. Neither material reward nor verbal praise occur frequently in the socializing of the Indian child. There is emphasis on punishment as a means of training, but it is not uniformly delivered, and the child lacks a sense of fairness in receiving punishment. Urban mothers emphasize obedience more than do rural mothers. A child is expected to learn by observing adults or by tales from the epics and myths. Adult female relatives and elder siblings may partially take over the role of socialization from the mother; the child becomes accustomed to being looked after by several persons. Women do not handle children's education. Children tend to repress aggression. Parent-child relationships change as the traditional joint family breaks down and the nuclear family takes its place. 27 references.

**659. National Association of Psychiatric Technology; California Society of Psychiatric Technicians. *Major Psycho-***

***Social Problems and the Psychiatric Technician.* Sacramento, Calif.: National Association of Psychiatric Technology, 1970.**

Papers delivered at the 1969 Joint Annual Convention are presented to define the nature and extent of some major psychosocial problems. Program approaches for more effective management and their relationship with the work of the psychiatric technician are highlighted. Topics include: treatment and prevention of drug abuse; treatment and rehabilitation of alcoholics; community services for the mentally retarded; suicide and crisis intervention; and training and career management for mental health workers. 28 references.

**660. National Commission on the Causes and Prevention of Violence. Challenging our youth. In: *To Establish Justice, To Insure Domestic Tranquility.* Washington, D.C.: U.S. Govt. Print. Off., 1969. pp. 221-241.**

A key to much of the violence in our society lies with the young. Youth accounts for an ever-increasing percentage of crime in America. Violence by the young has multiple causes: drugs; generation gap; political process; and public service. Youthful violence today is a combination of high ideals, tremendous energy, impatience at the rate of progress and lack of constructive means for effecting change. The Nation cannot afford to ignore the youthful lawlessness but neither can the Nation ignore the legitimate needs of the young. Today's youth must be given a greater role in determining their own destiny and in shaping the future course of society.

**661. National Health and Medical Research Council. Studies in the development and application of preventive intervention in human crisis situations. In: *Medical Research 1970.* Canberra: Australian Govt. Publishing Service, 1971. pp. 24-25.**

Progress in three studies designed to develop and apply preventive intervention in human crisis situations are reported. Methodology and early findings are reported in the context of three situations of a possible crisis nature: (1) conjugal bereavement; (2) operation of hysterectomy; and (3) first pregnancy.

**662. New, Peter Kong-Ming; Ruscio, Anthony T.; and George, Linda A. Toward an understanding of the rehabilitation system. *Rehabilitation Literature,* 30(5):130-139, 1969.**

A research study was conducted at the Rehabilitation Institute New England Medical Center Hospital, Boston, on 48 heart and stroke patients facing the difficult adjustment stage. From the research study a model of the adjustment process was developed, which was composed of the postulated relationships between the patient, his rehabilitation setting, and his "significant others" dealing with the elements of hope and reality. Although the model is far from perfect, it is a positive and thoughtful step in a necessary direction. The field of rehabilitation needs to develop a systematic and complex understanding of its own processes, and this model and research study partly meets such a need by pointing out that the rehabilitation process must be seen as a consequence of the interaction between three systemic factors. 15 references.

**663. Newman, Helen G., and Doby, John T. Correlates of social competence among trainable mentally retarded children.** ***American Journal of Mental Deficiency,*** **77(6):722-732, 1973.**

The performance of 110 school age, trainable, mentally retarded (TMR) children was measured using a Likert scale for social competence. Measures of biological, genetic, potential, motivational factors and situational factors were used as independent variables. Using a multiple stepwise regression, chronological age, interaction, IQ, and teacher expectation explained 65 percent of the variance in social competence. It is indicated from these results that biological genetic factors (IQ and age) and experience with the environment (social interaction) are the primary independent variables. This suggests that increased social interaction in an environment of high teacher expectation would increase the performance and adaptability of the TMR child. 25 references. (Author abstract)

**664. Newman, Morton B., and San Martino, Mary R. The child and the seriously disturbed parent: Patterns of adaptation to parental psychosis.** ***Journal of the American Academy of Child Psychiatry,*** **10(2):358-374, 1971.**

Careful study of families in which one or both parents are psychotic or borderline provides fundamental information about the adaptation of children to their environment and about the origins and underlying mechanisms of adaptation. One approach to this study is to analyze parental fantasies which in the aggregate constitute the family mythology. A brief review of child development emphasizes the importance of the concept of adaptation with special relevance to parental fantasies. Severely disturbed mothers differ from neurotic mothers in the degree and manner in which their negative destructive fantasies influence the early mother-child relationship. Degree of compensation is an important factor in the child's fate. The wide range of symptomatology seen in children of disturbed parents indicates that a child may respond to many different aspects of his environment. Material from a session with a precocious 6-year-old illustrates the importance of fantasy in the mother-child relationship. Treatment issues are discussed with particular emphasis on the relevance of intensive study of pathological families for the refinement of treatment skills and for programs of prevention and early detection. 10 references. (Author abstract modified)

**666. Newton, Charles. Vital need for vocational guidance bureau.** ***Social Welfare*, 16(4):12, 1969.**

The high unemployment rate in India is attributed not to a lack of job openings but rather to too many square pegs in round holes. The reason for this is a lack of early career planning. Students merely cram through school, then enter a university where they collect their degrees and finally step into the most easily available job. They become frustrated nomads with recurring periods of unemployment as they move from job to job. Others run into the problem of choosing a career for which they are suited only to find it is overcrowded or hazardous in other ways. A number of vocational guidance bureaus would solve these problems by assessing aptitudes early in life, and by providing expert career advice. To do this a national survey of job opportunities would have to be conducted and the bureaus would also have to serve as research organizations to be able to accurately predict future career trends. The institution of such a program would eliminate wasted money on worthless degrees, end the frustration of those who feel like misfits wherever they go, alleviate crowding in colleges, and provide the Nation with the skilled specialized personnel it so badly needs.

**667. Newton, Grant, and Levine, Seymour. *Early Experience and Behavior: The Psychobiology of Development.* Springfield, Ill.: Charles C. Thomas, 1968.**

Early experience may be crucial in establishing links between physiological states and the specific behavioral patterns that ultimately alter these states. Greater knowledge of the specific parameters involved in these effects in animals, especially higher mammals, will therefore enhance ultimate understanding of human behavior. To this end, the literature on early experience is reviewed to determine which factors shape an infant's later response characteristics. Studies range from prenatal to advanced postnatal stages and cover a range of species including birds, rodents, dogs, cats, sheep, goats, monkeys, chimpanzees, and man.

Areas which need research are highlighted. A primary concern is whether institutionalization in man produces debilitating effects because of maternal deprivation, stimulus restriction, or a combination of both. 1,617 references.

**668. Nideffer, Robert M., and Deckner, William C. A case study of improved athletic performance following use of relaxation procedures.** ***Perceptual and Motor Skills*, 30(3): 821-822, 1970.**

In addition to its usefulness in areas of abnormal psychology, progressive relaxation is suggested to be of use to persons undergoing the temporary stress of athletic competition. A case study of a 20-year-old student is presented who was judged by his coaches to have reached the limits of his physical potential in shotputting. The subject was seen only once and instructed in a progressive relaxation procedure which he practiced twice a day. Two weeks later, his shotput record had improved significantly. It is suggested that tension adjustment techniques may become a useful part of preparation for various athletic endeavors. 3 references. (Author abstract modified)

**669. Nihira, Kazuo. Factorial dimensions of adaptive behavior in mentally retarded children and adolescents.** ***American Journal of Mental Deficiency*, 74(1):130-141, 1969.**

Objective descriptions of adaptive behavior of 313 institutionalized mentally retarded children and adolescents were obtained by means of a newly developed behavior rating scale. Factor analyses of the scale scores delineated three major dimensions: personal independence; social maladaptation; and personal maladaptation. Comparison of the results between four different age groups reveals that the obtained factor structure is relatively stable across a wide span of age ranges, from preadolescent through adulthood. Implications of the results are discussed in terms of adaptive mechanisms commonly used by retardates in coping with their environments. 24 references. (Journal abstract)

**670. Niland, Thomas M., and Hansen-James C. The relationship of minimal goal discrepancy to adjustment and anxiety in elementary school children.** ***Journal of Clinical Psychology*, 26(4):432-433, 1970.**

A comparison of the anxiety and school adjustment of students with discrepant and nondiscrepant minimal achievement goals indicated that the discrepant students were rated less adjusted. Although there were no differences in anxiety levels, the discrepant students did make significantly more lie responses. 3 references. (Author abstract)

**672. Novakova, M., and Hrodek, O. Psychologicke aspekty v komplexni peci o deti nemocne hemofilii. [Psychological aspects in the complex care of children suffering from hemophilia.] *Ceskoslovenska Pediatrie* (Praha), 22(9):800-803, 1967.**

The main principles of psychological approach to children suffering from hemophilia were established on the basis of a psychical changes study made with 32 child patients. The principles constitute an important part of the complex care. The psychological measures directed to the adequate adaptation of a child to a pain in the acute stage of the disease and to the chronic psychical tension relief in the latent stage were referred to as well as the necessity of favorable correction of social situation of the child in the family and at school. 8 references. (Journal abstract)

**673. Nuessle, William Pendleton. The influence of conceptual tempo on the hypothesis testing behavior of children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-2061. (HC, $10; MF, $4).**

Twenty reflective and 20 impulsive children were tested to investigate a derivation from Kagan's reasoning that reflective children, who inhibit impulsive responding in situations of response uncertainty, would be more effective problem solvers than impulsive children, who respond without reflecting in such situations. The problem-solving task used was a concept identification procedure developed by Levine, which enables the experimenter to empirically determine the degree to which a s used hypotheses to guide his behavior and to monitor the efficiency of information processing. Results are interpreted as not supporting Kagan's contention that reflective children are more effective problem solvers than impulsive children. Age differences in the effort invested in retrieving information from previous trials are felt to be an important factor in accounting for the more proficient information processing performance of the ninth graders in this study. (Journal abstract modified)

**674. Nunn, Clyde Z.; Kosa, John; and Alpert, Joel J. Causal locus of illness and adaptation to family disruptions. *Journal for the Scientific Study of Religion*, 7(2):210-218, 1968.**

The hypothesis is tested that under special conditions, religious beliefs can function as a stabilizing force on personal and social systems. Sampling was performed with mothers from families earning less than $6,000 a year who visited the emergency clinic at the Children's Medical Center covering the Boston area. A total of 436 questionnaires were evaluated. Belief in God as a source of illness, and stability or adaptation to the stress caused by the illness, were used as variables. The results indicate that believers in God-sent illness were likely to report marginal rather than difficult or smooth adaptation to family disruption during illness. It is possible that the results reflect differential claims at coping rather than actual ability. The temporary or long-term stabilizing effects of religious belief remain undecided. 18 references.

**675. Nurco, David N.; Balter, Mitchell B.; and Lerner, Monroe. A state comprehensive drug abuse plan—1971. *Drug Forum,* 1(2):115-135, 1972.**

An abbreviated version of the comprehensive plan of the Drug Abuse Authority of Maryland is presented. It is recommended that a drug abuse emergency crisis and treatment center be established in Baltimore. The center should operate on an around-the-clock basis, have the full range of equipment, services, and professional and paraprofessional personnel necessary to fulfill its comprehensive emergency and short-term functions, and contain 25 inpatient beds. The center will serve as a nonpunitive setting in which the patient can be certain that there will be no legal consequence or involvement with the police nor any other adverse publicity as a result of his appearance for treatment. The emergency center will prevent death or permanent disabilities from overdose, severe withdrawal, toxic substances, dangerous drug interactions, and allergic reactions, as well as from other drug emergencies. An important function will be to provide a preliminary evaluation of the drug abuser. The education activities of the drug abuse authority will be aimed at youth, the general public, and the professional and ancillary personnel who have responsibility for the management and/or treatment of drug abuse.

**676. Obiki, Keigo. Psychology of aggression. *Kyoiku to Igaku* (Fukuoka), 17(7):28-34, 1969.**

A discussion of the etiology and progress of development of psychology of aggression in youth is presented. Theories on the origin of aggression are discussed which include the frustration theory of Dollard and the theory of aggression as a fundamental and subvertive human instinct of Freud, Klein, and Menninger. The psychology of aggression in various human relationships, such as between mother and child, and mother, father and child, and features of aggression in adolescents are examined.

**677. O'Connor, Peter Denis. Hypothesis testing behavior in the solution of concept problems by nonretarded and mildly retarded children. Dissertation Abstracts International. Ann**

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**Arbor, Mich.: University Microfilms, No. 72-28168 (HC, $10; MF, $4). 96 pp.**

The relationship between intelligence level and use of logical elimination procedures to solve concept problems in mildly retarded children and normal IQ children was studied in terms of three dependent variables: (1) the number of correct outcome trials; (2) total latency time; and (3) the number of consistent hypothesis sets. All ss attempted five concept problems in each of 31 trials. In each problem there were eight possible solutions: varying two colors; two letter shapes; two sizes; and two positions. Each trial consisted of a pair of stimuli rear-projected onto a screen, with each stimulus representing four possible solutions. Ss were given feedback on the 1st, 6th, 11th, 16th, 21st, 26th, and 31st trials after they had responded. In a second treatment, visual cards of each feedback trial were displayed after each feedback trial so that illustrations of all previous feedback trials, with the correct stimulus marked, were available for referral during the problems. Ss were encouraged to use these clues to solve the problem, while those in the first treatment did not have this advantage. The results suggest: (1) Retarded ss were capable of solving concept problems when feedback information was available for referral; (2) these ss did indicate considerable hypothesis testing in the problem-solving situation, but were unable to string together the hypothesis sets in a logical sequence; (3) memory seemed to be the key factor hampering the problem-solving ability of the retarded ss. (Journal abstract modified)

**678. Offer, Daniel. Adolescent turmoil. In: Offer, D., ed. *The Psychological World of the Teen-ager*. New York: Basic Books, 1969. pp. 174-192.**

The study of 73 modal adolescent boys prompts the conclusion that adolescent turmoil may not be a part of normal development. Turmoil was not prevalent in the normal boys. Behavioral and emotional indices gained through interviews, teacher ratings, and analyses of psychological testing all deny the existence of adolescent turmoil on a grand scale. The concept of adolescent turmoil should be seen as only one route for passing through adolescence, that the majority of the modal boys did not use. Evidence of what Erik Erikson terms normative crises was found in some boys. But Erikson and others are criticized for overreliance on clinical examples. While adolescence presents the adolescent with special problems and challenges, the normal adolescent seems able to cope. Rebellion tends to occur early in adolescent years, and appears to be encouraged by society. The symptom rating scale used to measure affect showed anxiety, acting out, and depression

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in one group; shame, obsession, compulsion, and guilt in a second; and suspicion turmoil, phobia, distortion, and dissociation in a third, least frequent cluster. Symptoms were mild. They were easily handled by the adolescent and only on rare occasions reached clinical proportions. Affective experiences were present and for the most part were ego syntonic.

**679. Offer, Daniel. Response to special crises. In: Offer, D., ed. *The Psychological World of the Teen-ager*. New York: Basic Books, 1969. pp. 89-95.**

Of 73 subjects followed through high school years, 13 experienced major life crises. Among these 4 had lost their fathers, 3 experienced parental divorce, 2 had life-threatening injuries, and 1 saw his brother crippled for life. None of the teenagers developed clinical syndromes as a result of the trauma. Two detailed case histories of boys in crisis situations are given. The examples illustrate the way in which the modal adolescents coped with situations of extreme stress. The subjects were able to cope with the stressful situations. They did not ignore or spend most of their energies denying the reality of the trauma. They were flexible enough to be able to change their goals when the situation required it. Their actions, which were almost always goal directed, were propelled by a relatively strong ego that allowed for change and adaptation. Ego resiliency made it possible for them to change their lifestyles and eventually derive their pleasures from newly created sources. There was little overt antisocial behavior or delinquency among the 73 modal adolescent boys studied. Such rebellious and defiant behavior as they showed was directed to parents, and less often to schools. They did acknowledge frequent urges to act in a manner that could get them into trouble. Rebellion was most frequent during early adolescence at ages 12 and 13. Much of this was in the form of fights with parents over small issues. Interaction with teachers sometimes showed similar problems. Rebellion was characterized by chronic disagreements with parents and schoolteachers which were more or less intense at different times over issues that seem small and undramatic. Subjects who were concerned with stopping world conflicts were often those who were most concerned with controls for themselves. Twenty-five percent of the subjects said they had participated in at least one delinquent act. Fifty-two percent had known or associated closely with people who had been involved in delinquent acts. A case history is given to exemplify rebellious behavior. More than 90 percent of the subjects believed that delinquency in high school was caused by parents who did not care about their children and gave too much freedom with too little love. The modal teenager learned to channel his aggression from experience with acting out, from negative consequences, from the example of others, and through use of sports and other outlets.

**680. Offer, Daniel. *The Psychological World of the Teenager: A Study of Normal Adolescent Boys.* New York: Basic Books, 1969.**

A carefully selected group of 73 boys identified as normal or modal adolescents was studied and followed over a 3-year period, their high school years. Details of the selection process are given. It emphasized normal functioning and sufficient psychological sensitivity to provide useful self-descriptions. The boys came from two high schools, and the interviewing and testing was done at the schools. In addition to repeated psychiatric interviews, psychological tests were administered. The tests used were the Thematic Apperception Test, the Rorschach Test, and the WAIS Vocabulary Scale. One aspect of normality proved to be an absence of some of the dramatic qualities associated with adolescence. There was no evidence of adolescent turmoil, no generation gap to speak of, little serious rebellion, little antisocial or delinquent behavior, a healthy but reserved approach to sex, and a strong sense of relationship and agreement with parents. Chapters are devoted to the school environment, the home environment, rebellious and antisocial behavior, heterosexual behavior, crisis behavior, effects and their vicissitudes, psychological test results, the research alliance between the boys and the investigators, adolescent turmoil, the adolescent and his parents, and coping behavior. Appendices give the self-image questionnaire used, the interview schedules, and selected questions and answers from the second interview. 198 references.

**681. Offer, Daniel, and Offer, Judith. Four issues in the developmental psychology of adolescents. In: Howells, J., ed. *Modern Perspectives in Adolescents.* New York: Brunner/Mazel, 1971. pp. 28-44.**

The normal developmental psychology of the years 12-21 is discussed and four issues—sexual behavior, parental relations, adolescent turmoil, and identity—are featured. Data were obtained from psychiatric interviews, psychologic testing, parental interviews, and adjustment ratings by teachers of 73 males and 30 females. The adolescent engages in intensive heterosexual activity at a later date than his body is ready to do so biologically; the female is more preoccupied with sex at an earlier age. Emotional and intellectual independence begin during this period, and the relationship of the adolescent with his parents loses much of its dependent status. This serves as an opportunity for the adolescent to test his ability to cope with his social environment and to crystalize his new identity. 23 references.

**683. O'Gorman, Gerald. *The Nature of Childhood Autism.* 2nd ed. London: Butterworths, 1970.**

An inquiry into the subject of childhood autism is provided, taking a balanced view of existing controversial attitudes. Insight is offered into the sociological significance of a problem where the number of cases diagnosed increases all the time, and into the emotional strain and anxiety on the family coping with an autistic child. Specific chapters deal with childhood schizophrenia; defense mechanisms against intolerable reality; the etiology, symptoms and nature of autism; the pseudoschizophrenic syndromes; and treatment, education, and training. 50 references.

**684. Ohmichi, Akira. Vigilance task. *Rodo Eisei* (Tokyo), 13(10): 25–27, 1972.**

Mental disturbances caused by boring, tedious vigilance tasks in the industrial environment are discussed. The simplicity and mental strain accompanied by this type of task induces demoralization, emotional disturbance, autonomic nervous system disturbance, and visual disturbance. Health examinations for eyesight, autonomic nervous system function, blood, urine and digestive organ, and Cornell Medical Index should be adopted for early discovery of disturbances. Using the right person with the right aptitude and health condition, removal of the inhuman elements in the task, and addition of attractiveness to the task are also important and necessary.

**685. Olden, Christine. Notes on the development of empathy: I. *Psychoanalytic Study of the Child,* 13:505-512, 1958.**

In a continuing study of empathy development between adults and children, two case studies involving extremely immature mothers and their identification with their children are presented. It appears that a specific psychic immaturity will keep a mother from sensing her child's needs, from following his pace and understanding his infantile world, and, in turn, keep the child from develping adequate ego capacities. Only the adult with a certain amount of ego maturity is able to know, to enjoy, and to rear and assist a child. The ego-damaged mother prevents normal ego development in the child. Such disturbances in the child's ego development become obstacles in the process of sublimation. In the cases of the two mothers, they both shared and acted out the children's wishes, yet were unable to perceive their children's real needs. These mothers and their children were extremely attached to each other; some of their friends characterized the relationship as over-identification. Despite this emotional closeness, or perhaps on account of it, the mothers were unable to emphathize with their children; the goal and function of this closeness was exclusively narcissistic. (Author abstract modified)

**686. Olden, Christine. Notes on the development of empathy: II. *Psychoanalytic Study of the Child*, 13:512-518, 1958.**

An attempt is made to discover the conditions under which the unity of mother and child leads to the capacity of the child to establish social relationships. The unity between mother and child is characterized by emotional interplay and by a mutual sensitivity to the other's feelings. It is speculated whether the original primitive, partly biological mother-child fusion should be regarded as the starting point of empathy. It has been found that there exists in the woman a need to maintain the biological condition of unity for a shorter or longer period, even though this need may be repressed, denied, or laden with aggression. The mother needs satisfaction from the infant to accomplish the transition from physical gratification to mature empathy, and the child needs satisfaction from the mother. Perhaps sensitivity to facial expression begins with the infant's searching of his mother's face. In the second and third year, the mutual understanding is no longer the bodily sensual sensing that it was in the first months, but it has become part of the mind. Before adult empathy develops, many other changes must take place. 8 references.

**687. Oldham, H. Marie. Perceptions of a pediatric nursing staff of the withdrawal syndrome in hospitalized children. *Smith College Studies in Social Work*, 44(1):77, 1973.**

Nursing staff's views of hospitalized children who manifest withdrawal were studied to determine if the staff could identify a withdrawn child and what was being done to help him better cope with his withdrawal. Areas explored were staff's description of a withdrawn child, an account of what was done to help the child with his withdrawal and how these efforts worked out, and ideas about how to improve their current approach. Informal interviews were conducted using 12 nurses from the day and evening shift. The major finding was a relationship between the nurse's age and experience and her responses to each question. The older, more experienced staff members were unable to identify a withdrawn child; the younger, less experienced staff members could do so and thus appeared more sensitive to the physical as well as emotional needs of the child. (Journal abstract modified)

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**688. Omwake, Eveline B., and Solnit, Albert J. "It isn't fair": The treatment of a blind child.** ***Psychoanalytic Study of the Child*****, 16:387-392, 1961.**

The discussion considers certain of this blind child's problems and their implications for her development as they appear in her treatment: (1) an arrest of libidinal and ego development; and (2) the development of an inhibition of touching, a function ordinarily hypercathected in blind children. In this girl, the lack of vision and her mother's reaction to the child conspired to deprive Ann of the auxiliary ego she required for her development. Because of her affective withdrawal, the mother was unable to respond to the child's need for tactile, kinesthetic, and auditory experiences that would aid her in coping with the gap created by her blindness. With regard to her touching inhibition, it became clear that the tactile and kinesthetic modalities had been relatively understimulated in her first 2 years, but that being touched and touching came to be experienced as instinctualized climactic discharges. The inhibition was set in motion by the fear of losing contact with the mother if she touched her, and was reinforced by its association with castration anxiety.

**689. Orcutt, Ben A. Stress in family interaction when a member is dying: A special case for family interviews.** ***Archives of the Foundation of Thanatology*****, 5(1):53, 1975.**

At the Foundation of Thanatology Symposium, the family and death—social work, family transactional processes, and relationships that occur when a member is dying—were examined. It was noted that a typical problem for families is flexibility and openness of communication which is essential to a balance of intimacy and connectedness. Distorted messages and closure in communication tend to generate confusion, tension, distance, and alienation. The family was viewed theoretically as a system. Concepts of communication, distance, empathy, and relational awareness were examined in the intervention process, which supports the family as a unit in coping with the stress of dying. (Journal abstract modified)

**690. Overbeck, Ann. Life stress antecedents to application for help at a mental health center: A clinical study of adaptation.** ***Smith College Studies in Social Work*****, 43(1):16-17, 1972.**

Antecedents to application for help at a community mental health center were studied within the context of adaptational crisis-stress conceptions via the Holmes and Rahe Model of change stress. A detailed case study of 20 new applicants to the adult and child units of one such center attempted to reconstruct the person's biopsychosocial environment chart, the accumulation of change stress, and understand the process of help seeking within a repertoire of adaptive maneuvers initiated to restore equilibrium. Ss reported experiencing: high stress in the 3 years prior to help seeking; a variety of adaptive responses; a general depletion of support in some of the major areas; and a variety of patterns of assets and obstacles to help seeking. Significant correlations were found between indices of stress and health, self-world image and social support, and health and help seeking. A paradigm was advanced and modified by the data to describe the adaptive stages through which the ss had passed. The different adaptational styles used by the ss are also identified. (Journal abstract modified)

**691. Palmer, James O. Patterns of perceived reaction to frustration among adolescents. *Genetic Psychology Monographs,* 85:133-153, 1972.**

The Teenage Picture Frustration Study (TAPS) was constructed and used in a study of how the adolescent perceives that frustration should be or might be handled. Results of the 36 item, incomplete Cartoon Test, revealed that developmental changes in perceived methods of reaction are less marked than during the prepubescent years and appear to be more associated with the overall development of differences in social attitudes between the sexes. Results for girls confirm prior studies that by pubescence children have already learned to cope with frustration by internalization of aggression, building up defenses against anxiety and blame, and by some acceptance of the responsibility for solution of the frustration. Full acceptance of these social standards does not appear in boys until about age 15. Throughout adolescence, verbalized expression of aggression toward the environment continues to be far more of a masculine response, while acceptance of guilt is more predominantly feminine. During adolescence, social class differences in reacting to frustration, which have been observed in younger children, give way to a predominant acceptance of middle-class values. This phenomenon cannot be explained from data in the study, but raises some interesting hypotheses for further investigation. In general, this finding is consonant with a general pattern of social identification commonly observed among adolescents. 15 references.

**692. Parens, Henri, and Saul, Leon J. *Dependence in Man: A Psychoanalytic Study.* New York: International Universities Press, Inc., 1971.**

The phenomenon of dependence in man and its relationship to human development is discussed. After a thorough review of psychoanalytic literature to date, conclusions are reached that strongly support the theories of Freud in the area of human dependence. The many aspects of dependence are presented; in addition, a condensed review is offered of recent contributions in ethology, including work on primates. The point is made that dependence is not only a major determinant of behavior but also powerfully induces human development. The role of dependence is traced from the early mother-infant relationship, the triad of the Oedipal period, through adolescence, maturity, and senescence. Three major sections are devoted to: a study of the writings of Freud; theoretical considerations relating to the genesis of psychological dependence, inner sustainment, exploration of dependence on the object or substitutes for it, and dependence for the gratification of needs, and an epigenesis of psychologic dependence from birth to late adulthood; and clinical considerations, including dependence and character disorders, reactive dependence, and reactions to dependence. 135 references.

**693. Parker, Willard. Hearing and age. *Geriatrics*, 24(4): 151-157, 1969.**

Hearing loss can be a major problem during aging because of its tendency to cause isolation, maladjustment, anxiety, and depression. Age of onset and degree of deterioration of the auditory system vary in different persons, but a large percentage of people in their seventh or eighth decade have some degree of impairment. In most cases, the pathological changes in presbycusis are a combination of sensory cell and neuronal changes. Factors outside of the patient's auditory mechanism may influence his hearing ability, such as enunciation of the speaker and attention. The patient may be hard of hearing or hard of listening, or a combination of both. The first step in the proper management of presbycusis is a careful examination and adequate auditory testing. The patient must understand that no medical or surgical treatment will improve presbycusis. A hearing aid will not produce normal hearing, but it will increase the patient's residual hearing. The type of hearing aid should be determined by an audiologist. It is stressed that hearing problems in the aged warrant recognition, adequate attention, and appropriate management.

**694. Pasca, Alyce E. Effects of campus tensions on mental health. *American Psychologist*, 26(4):395, 1971.**

A 1970 report by the American Council on Education, Special Committee on Campus Tensions indicated that the universities retained their essential characters after a student protest was over. Investigation of the effects of campus tension at several disrupted institutions indicated an increase in appointments at counseling services. Students had a generalized increase in anxiety, depression, difficulty in coping, and general fears which reduced their ability to concentrate on their academic work or to enjoy it. Anxieties also increased among faculty members, clerical, security, and maintenance staffs. 2 references.

**695. Pasewark, Richard A., and Albers, Dale A. Crisis intervention: Theory in search of a program. *Social Work,* 17(2): 70-77, 1972.**

Crisis intervention, practiced effectively in the public health field, is explored in its implications for use in mental health and the helping services. Developed over a period of years, largely through the work of Erikson, Lindemann, and Caplan of Harvard, crisis intervention seeks to provide an individual with appropriate behavioral patterns that will enable him to deal effectively with the specific crisis. It has three phases: (1) primary prevention—the incidence of a disorder is reduced by altering the environment so that it restrains the disease process or makes the individual less susceptible; (2) secondary prevention—a mild disorder is kept from becoming a severe one; and (3) tertiary prevention—a serious disorder is restrained from producing permanent disability. There is a notable absence of programs either totally or primarily oriented to the crisis intervention approach. The reasons include: (1) lack of financial commitment and personnel; (2) risk involved in adoption of the method due to its unsubstantiated effectiveness; (3) abrupt adjustment by mental health workers required to produce an effective model; and (4) the questions that adoption of crisis intervention would raise regarding the use of the current community mental health center model. 24 references.

**696. Pattison, Mansell E. The experience of dying. *American Journal of Psychotherapy,* 21(1):32-43, 1967.**

Death is the subjective experience which cannot be communicated, hence cannot be known. Though there is no uniformity of cultural norms to which to turn for aid in facing death, there are universal human feelings that face us each time we face a dying person. Death is a crisis event and can be approached clinically in terms of crisis intervention therapy. We cannot circumvent death; we can aid the process of dying. The part-aspects of the process of dying in which we can help the dying person to achieve the appropriate death for him may be expressed in terms of fears with which we can deal: the fear of the unknown (this is the basic death anxiety); the fear of loneliness (the inevitable isolation in death, unfortunately reinforced in our society by institutionalized death);

the fear of loss of family and friends; the fear of loss of body or body image; the fear of loss of self-control; the fear of loss of identity (the maintenance of ego integrity in the face of depair); and lastly, the fear of regression (the retreat from our outer world of reality to the primal world of fantasy, of eternal primordial existence). With all these part-aspects of the process of dying, the clinician can help his patient through sharing the responsibility of the crisis of death by providing rewarding and available human contact; by assisting the patient in his grief at the inevitable losses to be sustained; by assuming for him necessary body and ego functions without shame, depreciation, or loss of respect; and so, by encouraging this human being in facing his own life situation with dignity and integrity, to aid him in achieving the appropriate death. 31 references.

**697. Pavenstedt, Eleanor, and Bernard, Viola W. *Crises of Family Disorganization: Programs to Soften Their Impact on Children.* New York: Behavioral Publications, 1971.**

The causes of family disorganization (particularly in slum areas) and programs to help children better survive crises arising therefrom are discussed under the following topics: young children of mentally ill parents; practical psychiatric problems involving children at the county level; alienation as a coping mechanism; child abuse as a symptom of family crisis; the meanings of motherhood in a deprived community; child psychiatric services in an urban slum; and parental incapacity and the welfare of children (a report on a community effort to stem the tide of children going into foster care). 31 references.

**698. Pazdur, Helen C. Innovation: The school nurse as a mental health specialist. *Journal of School Health,* 39(7): 449-457, 1969.**

The concept of the school nurse as a mental health specialist is discussed. Children's physical and mental health are interrelated and the nurse's assistance in offering empathy and understanding to the child with psychologically based complaints can be invaluable. In the program described, the psychiatric nurse is given the title of nurse-counselor in a junior high school setting with 400 pupils from mostly affluent families. Resistance from teachers who felt that counseling was a waste of time, and resentment toward a person without a teaching background were present, but successful relationships with students evolved. Confidentiality of counseling was of concern to students; some aspects of the counselors' activities were shared at periodic staff meetings but not the content of student discussions. Teachers, to some extent, again attempted to inquire into student problems. Group work with handicapped children is also discussed. It is proposed that with additional training in behavioral sciences the school nurse can advance her profession and participate with other mental health experts in the school setting. 10 references.

**699. Pearce, Donna M. Beatty. Psychosexual development of young female adolescents: Some hypotheses on the use of group counseling. *Smith College Studies in Social Work,* 43(1):23-24, 1972.**

The psychosexual development of young female adolescents was examined based on observations of a counseling group. Significant psychosexual developmental changes included: physical maturation; emotional stress over the changing self; reawakening of early childhood conflicts that had not been resolved; and her changing role and status in the world. Character synthesis or ego building appeared to be the best approach to helping. A counseling group of 13- to 14-year-old black inner-city deprived girls were observed in counseling to determine their types of struggles and coping methods related to psychosexual development. It was hypothesized that: there must be a commonality of concerns for effective group counseling; membership arouses sibling rivalry; termination of group counseling may prompt self-destructive behavior; termination reflects the early childhood conflicts around loss and separation; pressure from peers develops in group counseling and changes behavior; and the evolution of a group identity is the basis of changes in individual behavior. (Journal abstract modified)

**700. Pearson, Manuel M. Middle-aged male crises. *Medical Aspects of Human Sexuality,* 2(8):6-13, 1968.**

The middle-aged male crises were studied. The male in his middle years notes a general decline in the overall pattern of activities and sexual interest. He is not as physically strong, energetic, or as aggressively competitive as formerly. A vicious cycle is often set up in the middle-aged male because of the frequent expression of emotional problems through his sexual functioning. In addition to the occurrence of menopausal reactions, there are important cultural factors that increase vulnerability. During the middle years there is less opportunity for social prestige and status and a relative lack of ego-building and prestige values. A middle-aged male syndrome has been described as a "pseudo-climacteric crisis." The syndrome consists of depressive symptoms with restlessness, associated with a general feeling of insecurity, inadequacy, worthlessness, and uselessness. It may be fairly acute in onset and be brought on by some sexual failure or a sudden realization of aging.

Although rapid in onset, it may last for years. Sexual interest and effectiveness of sexual performance are not drastically reduced by aging; both the man and the woman who had been able to achieve orgasm before the menopausal or middle-aged period may continue to have orgasm well into the eighth or ninth decade of life, provided there is an interested active partner and relatively good health. Most writers conclude that anxiety, that is, fear of the loss of virility and libido, is the greatest deterrent to continuing sexual fulfillment in the middle-aged years. Mental illnesses more likely to occur in the middle-aged individual are certain organic mental illnesses, alcoholism, drug addiction, schizophrenic reactions, paranoid states, and particularly the manic-depressive reaction, especially the depressed type. 15 references.

**701. Peberdy, Geoffrey. Sexual adjustment at the climacteric. In: Thomson, W., ed. *Sex and Its Problems*. London: E. and S. Livingstone, 1968. pp. 59-66.**

Influences in the climacteric time of life which can affect sexual adjustment are discussed. These influences include shifts in attitudes in marriage and about sex, domestic or social pressures, menstrual cessation, illness, surgery, hormonal imbalances, and subconscious reactions to perceptions of aging. Emphasis is placed on the importance of the physician's role in dealing with problems arising in middle age. His understanding and recognition that many types of middle age sexual behavior can be considered normal can help those involved in the crisis period. Among the specific topics discussed are: contraception difficulties; psychosexual adjustments; and inner emotional changes of middle life.

**702. Peberdy, Geoffrey. Sex and its problems: Sexual adjustment at the climacteric. *Practitioner* (London), 199(1192): 564-571, 1967.**

Middle age and the stresses of the climacteric affecting both men and women do affect sexual adjustment. Sexual capacity at this critical time is especially vulnerable because of gradually declining physical powers and attractiveness. The adjustments of middle age are, on the whole, physiological rather than pathological. There is no reason why coital activity should not continue since sexual ability does continue into older age, though at a slower pace depending on health and situational factors. The doctor must assure his patients that the cultural belief in an almost abrupt cessation of sexual behavior at a particular age does not mean their continuing sexual activities are abnormal. Even a return to masturbation is not to be considered extraordinary, depending on the individual's needs and marital adjustments, among other factors. Contraception may present some problems to couples in their forties which may not have arisen earlier. The doctor must be ready to give the proper advice and help as needed, taking into account past sexual practices of the patient and the menopausal changes occurring in middle age. Fears of unwanted pregnancies and disease must be allayed. Psychosexual adjustments are of particular concern. Men may feel concern for diminishing potency, which in turn can give rise to panic. The wife may develop worries because her husband's flagging attentions are understood to reflect adversely on her. Thoughtfulness and common sense must be the rule for the doctor to alleviate apprehension and guilt feelings. Emotional repercussions are almost inevitable at the cessation of menstruation. Depression is now recognized as occurring with notable incidence in middle age. The doctor must be ready to counsel and treat, if need be, and assure the patient that sexual activity can well continue, if with a modified pattern of behavior. Fears of the sexual impacts of hysterectomy or prostatectomy must be countered factually. The climacteric changes of middle age, both physical and mental, in men and women can be handled to enable the individual to adjust to new maturity through self-education and assured self-management.

**703. Pfeiffer, Eric. The healthy personality, its range and scope. In: *Disordered Behavior: Basic Concepts in Clinical Psychiatry.* New York: Oxford University Press, 1968. pp. 196-202.**

Criteria of the healthy personality from Hartmann, Freud, Kubie, Erikson, and Fromm are presented. Approaches to mental health stressing flexibility and adaptation to the social and material environment are reviewed. The addition of play to Freud's love and work is suggested. Kubie's emphasis on the predominance of conscious over unconscious motivations is analyzed. The concepts of self-realization and ego identity are summarized. 12 references.

**704. Phillips, Leslie, ed. *Human Adaptation and Its Failures.* New York: Academic Press, 1968.**

A general theory of human adaptation and failure is proposed. Key elements are the development of intellectual, social, and moral capacity, together viewed as psychological development, and the expectations of society. Environmental factors in the adaptation process are reviewed, with emphasis on difference in way of life in various socioeconomic status groups. Approaches to the study of normal and impaired behavior stressing specific mental illness, presence of unique positive mental health factors, dyadic and other small group relations, and social system effects are criticized. The development of human beings from infancy to maturity is traced, with emphasis on Jean Piaget's theories of mental and emotional growth. Piaget's efforts in the area of moral and intellectual development are also stressed. The development of social competence in the presence of societal expectations is discussed. Development of scales for the measurement of social competence is reported and criticized. The relationships between psychological development, adaptive potential, and social competence are analyzed. The impact of adaptive potential on prevalence of disorder, severity of disorder, and outcome of disorder is considered. An approach to mental disorder based on an assumption of lifestyle persistence in health and illness is set forth and shown to be useful in identifying different categories of disorder. The tendency of individuals with greater maturity and higher psychological development to be self-critical when mentally ill, and for lower types to be actively hostile towards others or withdrawn, is reported. Problems of classification and difficulties of reliability in defining and measuring adaptive failure are discussed. Pathological behavior style is shown to be related to psychological development, outcome of pathology, lifestyle, culture, and social organization. The role of pressures for conformity, isolation, and other social factors in adaptation and failure is discussed. A final chapter discusses the importance of environment differences for successful adaptation or failure, noting the extra stress and lack of social support in lowest socioeconomic status areas.

**705. Phillips, Leslie. Social competence, adaptive potential, and psychological development. In: Phillips, Leslie, ed. *Human Adaptation and Its Failures.* New York: Academic Press, 1968. pp. 88-97.**

Review of experimental literature is used to show the correlation between adequacy of performance under experimentally induced stress, and everyday effectiveness of behavior. Rorschach responses evaluated in terms of texture, color, and form perception, sharpness and accuracy of perception, and imposition of cognitive content are shown to be associated with socially effective participation for both normal subjects and schizophrenics. These relationships support the author's hypotheses regarding association of social competence, coping potential, and psychological development. 25 references.

**706. Phillips, Walter Mills. Life change events, adjustment and personal construct systems. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 76-2393 (HC, $18; MF, $7.50).**

An empirical investigation of the relationship of readjustment stress, adjustment, and selected aspects of the personal construct system is presented. Standardized adjustment and readjustment scores were the independent variables. Five structural scores, measuring the overall cohesion of the construct system, its unidimensionality, identification with a changeable person, and projective organization (the sum of assimilative and differential projection) were found to show affinity with the interaction of the independent variables. No significant relationships were found for the set of three label ratings (abstractness, revealingness, and negativity), although univariate inspection suggested a relationship between abstraction and an interaction of the independent variables. Significant sex differences as well as opposed trends for males and females suggested changes in construct organization according to sex roles, with an assertive, agressive approach indicated for males and a receptive, passive approach for females. (Journal abstract modified)

**707. Pinderhughes, Charles A. Televised violence and social behavior. *Psychiatric Opinion*, 9(2):28-36, 1972.**

Psychiatric concepts are employed in a commentary on televised violence and social behavior. Topics discussed include: the influence of repressed and unconscious behavior on television program content; stereotypes of what constitutes an adult or child; television in the context of national ethics; a more human definition of violence; the use of television to direct attention to victims; facilitation of identification with victims as well as with aggressors. It is suggested that: Studies should be made of the extent to which television may arouse unconscious responses which facilitate violence in adults; victims of violence should be presented as human beings with whom the viewer can identify and empathize; violence should be defined in terms of the experiences of its victims; broad-scale identification with both victims and aggressors should be reinforced; attention should be turned to the effect of televised violence on adults, as well as on children. Television should be employed to offer emotionally and intellectually involving experiences to facilitate mutual identifications on a broad scale between persons in different roles, classes, and groups.

**708. Platt, Jerome J., and Eisenman, Russell. Internal-external control of reinforcement, time perspective, adjustment, and anxiety. *Journal of General Psychology*, 79(1):121-128, 1968.**

Forty-four college students were given Rotter's Internal-External (I-E) Control Scale and classified into internal (N = 17) or external (N = 15) ss. They were then compared on several time-perspective measures, including personal and impersonal future extension, impersonal past extension, two measures of future density, and the time-metaphors test. In addition, ss took the Cornell Index which was scored for adjustment and for anxiety. In general, the results supported the hypothesized differences between internal and external ss, in that internal ss typically had more active, fuller time perspective, were better adjusted, and less anxious. The results are seen as consistent with the construct validity of Rotter's I-E scale and with the increasing use of time-perspective measures in personality research. 23 references.

**709. Poe, Richard O.; Rose, Robert M.; and Mason, John W. Multiple determinants of 17-hydroxycorticosteroid excretion in recruits during basic training. *Psychosomatic Medicine*, 32(4):369-378, 1970.**

To define the multiple determinants, psychologic and other variables of 17-hydroxycorticosteroid (17-OHCS) excretion, a mean 17-OHCS level was obtained for each of 46 basic trainees, plus a rating of how effectively each was coping with psychologic stress, based on interviews and observations. Psychologic ratings and weight both correlated with 17-OHCS and together predicted 17-OHCS more accurately than did either alone. Several Minnesota Multiphasic Personality Inventory Scales correlated with 17-OHCS; an analysis of differentiating items suggested that an effective defense, judged from 17-OHCS, is not defined by type of defense, nor as solely one's defensive ability, but as an interaction between one's usual modes of psychologic defense and the realities being defended against. Twelve of 14 men with parental deaths were in the extreme 17-OHCS quartiles. When mean environmental temperature fell, the group mean 17-OHCS rose, the men with more apparent body fat responding least. Results suggested that an individual's 17-OHCS level is influenced by psychologic, biologic, historic, and environmental variables. 27 references. (Author abstract modified)

**710. Pohlman, Edward. Some costs of conceptions in general. In: Pohlman, E., ed. *The Psychology of Birth Planning*. Cambridge, Mass.: Schenkman, 1969, pp. 84-173.**

Costs, financial and otherwise, of conception are discussed. The costs of children to the husband and wife relationship are considered in terms of the diversion of mutual attention the couple has experienced and how children are competitors for love and care. Studies are cited to assess the correlation between marriage adjustment and family size. Sources of anxiety, conflict, separation, and grief are related to concern about the child's development, the loss when children leave, and the strain of interaction with children. Matters of mess, noise, confusion, and congestion as related to socioeconomic factors are discussed. Costs are also assessed in terms of time, confinement, hard work, health, and appearance. The cost of children to parents' roles is assessed on the basis of studies concerned with the interruption of careers by pregnancy, and by studies involving role changes brought about by fatherhood. Studies are cited to demonstrate the financial costs of children.

**711. Pollack, Donald. Crisis and response in college students. *Journal of Abnormal Psychology,* 78(1):49-51, 1971.**

Three hypothetical connections are made between crisis or stress and subsequent response: (1) Crisis levels of frustration will produce behaviors aimed at substitute satisfaction; (2) crisis levels of conflict will produce anxiety, escape attempts, and disorganization; (3) crisis levels of external pressure will produce resistance, defensive strategies, and a wider use of ego defense mechanism. Statements of 188 college students describing a major crisis in their life and how they resolved it were sorted into Coleman's three categories of crisis (frustration, conflict, and external pressure) and his three categories of response (substitute satisfaction, anxiety, and coping). Results indicate that crises and responses in general are indeed correlated. Chi-square analysis supports the first and third hypotheses, but the second hypothesis is not supported. 17 references.

**712. Pope, Benjamin, and Siegman, Aron W. An intercorrelational study of some indices of verbal fluency. *Psychological Reports,* 15:303-310, 1964.**

An intercorrelational study was made of nine variables that were assumed to be relevant to the occurrence of hesitation and anxiety in verbal behavior and indices of verbal fluency. Thirty junior and senior nursing students were the subjects. The speech samples used were the stories given in response to 16 Thematic Apperception Test (TAT) cards. Six verbal indices were used, including productivity, "ah" and "non-ah" speech disturbance ratios, silent pauses, reaction time, and articulation rate. The following devices were also used to measure anxiety: the GSR, Eron's rating scale for affective arousal in TAT responses, and an adaptation of this scale for rating negative affect or anxiety. Some of the intercorrelations of the variables and their loadings on three orthogonal factors are consistent with an uncertainty or hesitation concept; however, no uncertainty or hesitation factor emerged. An anxiety factor, on which negative affect and GSR both loaded, was present. There were no verbal index loadings on this factor. The

GSR was related to anxiety and was unrelated to a nondirectional measure of affective activation. 27 references.

**713. Popplestone, J.A., and McPherson, M.W. The exoskeleton (a protective armor): A socially acceptable coping mechanism. *Biocharacterist*, 2(5):171-172, 1972.**

A study on hyperchondriasis was presented at the 20th International Congress on Psychology. Scales were compiled to measure the strength of hyperchondriasis, an excessive enthusiasm for health, in males and females. Scores were related to use of exoskeletons (varieties of body enhancement which have been classified as protective armors). These articles include uniforms, judo costumes, and clothing associated with the western frontier. Research indicates that exoskeletal subjects demonstrate high hyperchondriacal scores, fears of assault and derision, and gratifying feelings of competency of being protected by the armor. Body enhancers come from a wide spectrum of the population and are people who do not distinguish sharply between physique and its location for function; they abstract one aspect of the Gestalt and develop it as a means of coping with feelings of impending crisis. The exoskeletal management of stress without adding to the psychiatric or criminal census is noted. 8 references. (Author abstract modified)

**714. Porksen, N. Uber Krisenintervention. [Crisis intervention.] *Zeitschrift fur Psychotherapie und Medizinische Psychologie* (Stuttgart), 20(3):85-95, 1970.**

The model of crisis intervention exploits the therapeutic possibilities by way of immediate active treatment in an acute life-crisis or a crisis coming to a head during the course of mental illness. Crises are possible turning points. The chance they offer is mastery of the situation. The danger in crises lies in fear of the necessary confrontation and fear of seizing evasive reactions. Crisis consultation centers are being established in large numbers in the United States; in some cases they are independent institutions, but more often they are crisis wards in a community mental health center. These centers are always open and are located in downtown areas. The therapeutic possibilities and author's own experiences are discussed. 16 references. (Author abstract)

**715. Porot, Maurice. La famille, facteur d'equilibre. [The family, a factor of equilibrium.] *Caracterologie* (Paris), 12: 161-170, 1971.**

This article presents a discussion of the family: history; evolution; familial types; and a definition of the modern family. The family remains the permanent natural cell for the development of the child's personality. At the present time, the family is still resisting the various dangers menacing society. Most rebellious adolescents are still attached to their families despite their manifestations of revolt. In general, family experience shapes the attitude of the child towards society. Within the family, the normal egocentrism of the child must gradually yield to a certain degree of altruism to conform to the requirements of society. The essential function of brothers and sisters is to improve the social adjustment of the child.

**716. Pounds, V.A. Managing the subnormal epileptic. *Nursing Mirror and Midwives Journal* (London), 131(16):38, 1970.**

Management of the subnormal epileptic was discussed. Epilepsy frequently accompanies mental subnormality and impairs social development by inhibiting the patient's opportunity to experience life to its full for fear of injury or accident. The prospect of rehabilitation for epileptics is often hampered by the inability to stabilize the number and severity of seizures, plus the inconvenience of the incontinence which often accompanies them. Drug therapy, proper bowel management (pressure on the nerve endings of the bowel and bladder often trigger a seizure), and avoidance of unnecessary emotional stress should be practiced to lessen seizures. The epileptic patient should be allowed to live as normal a life as possible; to participate in the less dangerous activities and sports; and to prevent his world from becoming empty, uninteresting, and frustrating. Essential adaptations should be made which are necessary for the patient's safety, according to his individual needs and degree of epilepsy. Efforts should be made to blend his personality as harmoniously as possible into the general atmosphere of the ward.

**717. Powell, D.A.; Lipkin, M.; Kazis, E.; and Milligan, W.L. Relationships between autonomic and somatic systems: Eyeblink and heart-rate conditioning. *Newsletter for Research in Psychology*, 13(3):24-26, 1971.**

The relationship between heart-rate (HR) changes and stimulus ambiguity and adaptive behavior in rabbits is reported. HR changes are an inhibitory feedback system to the CNS. Heart-rate decelerations were associated with signals during which the organism could select a behavior appropriate to environmental stress. Other things being equal, HR decreases are associated with moderate levels of arousal and optimal adaptive behavior, while HR increases would be associated with relatively high levels of arousal and less than optimal behavior. Accelerations associated with the defense reaction (e.g., eyeblink conditioned response (EB CR)), are of a different character. If the animal can (A) discriminate, and (B) respond effectively to the environment, HR accelerations will occur. However, if the s cannot respond, because the cues are not systematically related to approached stress, or no response is available, accelerative HR CRS cannot occur other than as homeostatic attempts to reestablish stable cardiovascular levels, Moreover, if arousal is increased slightly, HR decreases may be obtained. This analysis suggests then that although cardiac-somatic relationships are complicated, depending upon stimulus, as well as response and organismic variables, they operate according to previously established relationships between behavior and motivational variables. A major difference in this regard is the finding that HR decelerations, normally associated with decreases in arousal, may be associated with mild to moderate arousal increases. (Author abstract modified)

**718. Power, Thomas D. Regression from a biological standpoint. *The British Journal of Psychiatry* (London), 118(546): 571-577, 1971.**

Regression is defined as the reliving by an individual of his past, or part of it, in the present. It can be seen as an adaptive mechanism, if at times an abortive one, operating in widely differing biological fields far removed from psychiatry. Instances of it are given (1) in the psychological field in association with organic cerebral disturbance; (2) in the somatic sphere in neurological disease; (3) in the sphere of animal behavior in the face of stress; and (4) at the cellular level in association with regeneration. In both mind and nervous system, regression is associated with dedifferentiation and unification in the dimensions of time and space. This results in greater diffuseness in functional organization which may be compared with the increase in homogeneity displayed by tissue cells prior to regeneration. Mention is made of an evolutionary process known as paedomorphosis which somewhat resembles regression in the individual. 34 references. (Author abstract modified)

**719. Powers, Henry P. Psychotherapy for hysterical individuals. *Social Casework,* 33(7):435-440, 1972.**

Techniques which have been successful in psychotherapy for women diagnosed as hysterical personalities are described. Successful psychotherapy for this disorder should meet the criteria of behavior change and increased emotional maturity, as well as the evaluation of change in the three major hysterical problem areas of psychosexuality, dependency, and hostility (anger). Successful psychotherapy should prepare the hysteric to cope appropriately with everyday stress so that she becomes, in effect, her own therapist. Early in psychotherapy, the hysteric begins to test the therapist to see if he will reject her. The therapist should be prepared to discuss sex early in the therapeutic process. This procedure is preferred because psychosexuality is a major problem area and because many neurotic fears and fascinations become focused, often unrealistically, on this area. Sodium amytal can aid identification with the adult personality state. Therapeutic attention is focused mainly upon anger for two reasons: (1) Anger exemplifies an emotional feeling that can be representative of various strong feelings, all of which are difficult to express; and (2) anger is a major problem area for hysterics. Soon after an appropriate balance between overdependence and overindependence is reached, termination of the therapy should be started. 6 references.

**720. Powlison, Fraser. Psychosocial competence, repression-sensitization, and performance and staff attitudes in cardiac rehabilitation. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-11177 (HC, $10; MF, $4). 189 pp.**

The relationships between prior social attainments and physical therapy performance of cardiac patients were investigated, including relationships between social attainment and staff ratings of patients, and repression-sensitization and ratings. Social attainment was determined using a modified form of Phillips' Social Competence Scale. Physical therapy measures included absenteeism, symptoms reported, and exercise activity level (deviations from prescribed minutes of exercise). The results indicate that: (1) Social competence is not correlated with either absenteeism or symptoms reported, but is negatively correlated with activity level; (2) socially competent patients reported long-range goals and made advance estimates of physical therapy performance more frequently; (3) social competence was positively correlated with ratings of adjustment; and (4) repression-sensitization was positively related to adjustment and negatively related to attention required, i.e., repressors were rated as better adjusted and requiring less attention. Repression-sensitization appears useful for studying staff attitudes toward patients and may have implications for studying staff-patient interaction and the treatment milieu. (Journal abstract modified)

**721. Prados, M. Emotional factors in the climacterium of women. *Psychotherapy and Psychosomatics* (Basel), 15(2-4): 231-244, 1967.**

The climacterium can be an emotional trauma for both men and women; however, it is more common in women. Such depression is generally of a depressive nature; it is the ego's expression of the loss. There are two periods of stress in human life: puberty, which represents narcissistic gratification for the ego; and menopause, representing narcissistic mortification. The reaction of the individual to either of these periods depends upon the degree of maturity of the ego. Several case histories illustrate the various problems of women during this period of life. Some women desire more children at this time; others face the additional problems of hysterectomy. Emotionally stable people should not be threatened by the climacterium; the biological factor only precipitates an emotional reaction, it is not a cause. 2 references.

**723. Prakash, Ved. Some factors of alienation and academic performance. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-10772 (HC, $10; MF, $4). 100 pp.**

A study was conducted to analyze the relationship of some factors of alienation to academic performance of male high school seniors from several suburban high schools. Alienation in this context was considered to be the subject's alienation from the school as manifested in his rejection of school norms and as expressed in his attitude toward school. A total of 11 hypotheses were examined. The strongest relationship was demonstrated between self-image and performance; the weakest was between low capability and performance. In view of the strong relationship between self-image and performance certain recommendations were made to enhance the self-image of students. Students' adjustments in classroom situations and teacher-taught relationships were considered as precursors to modifying self-image. It was suggested that roles of responsibility commensurate with students' abilities may be entrusted to them. Recognition of achievement of individuals beyond areas of academic pursuits was considered as beneficial for developing confidence. Above all, it was emphasized that need for interdependence among students is important for the pursuit of individual goals. The role of school in this area was considered with a view toward alleviating alienation among students. It was recommended that the school cultivate the qualities of interdependence among students. It was proposed that the growth of adolescents could be facilitated by assuming adult roles in preparation for the next stage of their development in life, and alienation could be alleviated if they were allowed opportunities to assume these roles of responsibility. It was concluded that mitigation of alienation effects should enhance self-image and improve academic performance of adolescents. (Journal abstract modified)

**724. Pratt, Catherine, and Cove, Laurence A. The assembled foster family: A practical experiment. *American Journal of Orthopsychiatry,* 41(2):269, 1971.**

A digest of a paper presented at the 48th annual meeting of the American Orthopsychiatric Association, discusses use of the "assembled foster families" intervention model in dealing with a group of disadvantaged children. A description is given of six years of experience with 105 children who had been placed in a large public institution due to parental inadequacy, abandonment, or death. This special milieu centers about the creation and intensive agency support of assembled foster families of five children, each with stable, well-adapted couples committed to their long-term care. Data are drawn from the individual child's developmental history, prior placement experiences, intellectual potential, emotional functioning; the foster parents' histories and role allocations; significance of formal agency employee status; the assembled family age, sex, and sibship distribution; ongoing agency support tactics. The family's course is examined in terms of these individual variables of its members and the characteristics of the evolving family system. Criteria for success and predictive approaches are discussed. Implications for delivery of services are considered in terms of relevance to the real needs of the seventies, enhancement of community identity and responsibility, economy, and reproducibility of the model. (Author abstract modified)

**725. Pribram, Karl H. Autism: A deficiency in context-dependent processes. In: *Research and Education: Top Priorities for Mentally Ill Children: Proceedings, Conference and Annual Meeting of the National Society for Autistic Children* (1970). pp. 42-50.**

Characteristics of autism are described in terms of the similarities of the autistic syndrome and some effects of certain kinds of brain surgery. Similarities center on the fact that intellectual and emotional capabilities appear to become dissociated from one another. The autistic child is a paradox: generally, his problem-solving ability is not retarded, nor does he show the specific disorders that can be readily correlated with known neurological damage. Moreover, frontal surgery in man affects personality, not memory; in primates the effect is inverted. The paradox is further complicated by the observed reverse situation, developed as a result of surgery on man's temporal lobes: Deficits in memory were unaccompanied by changes in personality. From this basis, the highlights of 25 years of research are presented, primarily in terms of (1) differentiating frontal and limbic structures from the rest of the primate forebrain; (2) specifying functional differences between frontolimbic core and outer cortical shell; and (3) some questions relating to the symbol-learning capacity of nonhuman primates. Interpreted in terms of the implications for understanding autism, it is hypothesized on the basis of this analysis that the autistic child is deficient in context-sensitive processes and that this deficiency should declare itself both in problem solving and in interpersonal emotional reactions. Supporting evidence for this hypothesis would lead to another, namely, that the frontolimbic core brain of the autistic child has been damaged by some agent that might be found and eradicated. 11 references.

**726. Puyelo, R.; Moreau, S.; and Miedzyrzecki, J. Experimentation du sulpiride en pedo-psychiatrie. [Testing of sulpiride in child psychiatry.] *Semaine des Hopitaux de Paris* (Paris), 46(29B):93-96, 1970.**

Sulpiride, which has both thymoleptic and neuroleptic properties, was tested in two groups of pediatric patients. The first group, 25 preadolescent and adolescent children (11 to 17 years) with conditions of intellectual, psychomotor, or affective inhibition, were observed for 60 to 80 days on an outpatient basis. These were further divided into three groups according to dosages of drug—100, 150, and 450 mg orally per day. Placebo controls were included. The second group was comprised of 11 children (7 to 12 years) with prepsychotic and infantile psychotic conditions, treated on an ambulatory and hospitalized basis and observed for 60 to 80 days. Drug dosage was 200 to 450 mg sulpiride orally per day. Drug associations were made in four cases with diazepam, propericiazine, haloperidol, and pipamperone. In the first group the anxiolytic, disinhibitory, and antidepressive properties of the drug were confirmed. In the second group, diazepam, propericiazine, and haloperidol were associated in 4 out of the 11 cases. The families, educators, and medical staff noted improvement of expression, better adaptation to reality, reduction of anxiety, a stimulant effect on mood, and improvement in common movements. The whole context permitted a better educational and psychotherapeutic approach. (Author abstract modified)

**727. Quarantelli, E.L. Comments on Lucas' "Men in crisis: A study of a mine disaster." *American Journal of Sociology,* 76(6):1170-1172, 1971.**

Lucas' *Men in Crisis: A Study of a Mine Disaster* is a description and analysis of the behavior of two groups of men trapped underground in a deep coal mine in Canada in 1958. One group of 14 and another of 7 were trapped for a week. Immediately after the rescue, the miners were intensively studied by an interdisciplinary team of sociologists, psychologists, and psychiatrists. The team results were reported in "Individual and group behavior in a coal mine disaster" (National Research Council, Washington, D.C., 1960). This study is by a sociologist team member who felt the sociological data needed further elaboration. The cultural and structural aspects of life in a coal mining town are described. The initial escape-oriented behavior of the two trapped groups is presented. The group discussions during entrapment are analyzed. Different aspects of the survival period are treated, from the time when escape efforts were abandoned to the time of rescue. Expressive behavior is discussed in terms of anticipatory socialization, role expectations, role observability, and role set. Self-control was maintained because of the observed self-control of others. The best discussion is the analysis of how the trapped men engaged in behavior which was abhorrent to them, for example, drinking their own urine, and how the act became socially permissible is well depicted. No clear picture of how the miners maintained their hope for rescue emerges. The book lacks a useful summary. It is, however, a worthwhile addition to disaster literature and of value to social psychologists interested in processes and mechanisms of adjustment to stress.

**728. Rabin, A.I., and Greene, Robert J. Assessing motivation for parenthood. *Journal of Psychology*, 69(1):39-46, 1968.**

A semiprojective multiple-choice questionnaire was devised to assess motivation for parenthood. Four motivation categories—altruistic, fatalistic, narcissistic, and instrumental—were scored. Test-retest correlations are statistically significant. Some construct validity in support of the instrument was obtained from data on college students, young schizophrenics, and parents of disturbed and well-adjusted children. Further exploration, along the lines suggested, with modified and more sophisticated techniques, appears worthwhile and is being currently pursued. (Copyright 1968, American Psychological Association, Inc.)

**729. Raboch, J., and Nedoma, K. Indikace testikularni pulpektomie u sexualnich delinkventu. [Indications of testicular pulpectomy in sexual delinquents.] *Ceskoslovenska Psychiatrie* (Praha), 66(3):152-156, 1970.**

The authors analyze sexual activity, recidivity, and social dangerousness of different groups of sex delinquents and try to state indications for surgical therapy eliminating sex glands. They consider castration to be doubtlessly indicated in the groups of sex aggressors, namely sadists. In homo- and heterosexual pedophiles and homosexual delinquents against adolescents, an attempt to correct sexual behavior by adaptation therapy should be undertaken (estrogens and antiandrogens with concommitant psychotherapy). Only recidive delinquency should make surgical castration a method of choice in these groups. Surgical therapy should not be undertaken in cases of exhibitionists, incest, or heterosexual activity against adolescent girls. Before surgery it is most important to reach the diagnostic conclusion that atypical sexual behavior was actually due to sexual deviation. 8 references. (Author abstract)

**730. Rachman, Arnold W. Talking it out rather than fighting it out: Prevention of a delinquent gang war by group therapy intervention. *International Journal of Group Psychotherapy*, 19(4):518-521, 1969.**

An example is given of a group therapy situation which allows the here-and-now experiencing of a positive father figure in the company of one's peers where the experience can be tested, validated, shared, understood, and owned. The specific group members under discussion were adolescents who appeared to be struggling with an identity crisis. The session described was the culmination of many sessions directed toward helping the adolescents to modify the overt expression of aggressive impulses. The therapeutic orientation was implemented by several techniques: (1) sector analysis; (2) emphasis on here-and-now episodes of aggression and hostility reported in the group sessions; (3) encouragement of use of the therapist as a possible source of identification; (4) expression of positive and negative feelings exemplified by the therapist "coming across as a person" in revealing his own experience in dealing with adolescent problems; and (5) demonstrations of caring and giving by the therapist. The availability of these group therapy interventions, in a crucial time of life, provided an alternative way of being.

**731. Radmayr, E. Die Infusionsbehandlung der Depression. [Treatment of depression by infusion technique.] *Wiener Medizinische Wochenschrift* (Wien), 121(20/21):422-427, 1971.**

The efficacy of chlorimipramine (anafranil) infusion in patients with depression was investigated in 345 patients who had been treated at least 1 year previously. The patients (249 women, 96 men) all suffered from various types of depression (paranoid, climacteric, involutional, endogenous, mixed psychoses) and ranged in age between 20 and 80 years. Most infusions, conducted over a 1-hour period, contained 25 mg chlorimipramine; 10 or 15 mg doses were used in particularly labile patients. The conclusions drawn from this method of treatment for this patient population were: infusion is more effective than the I.M. injection of a similar dose; infusion acts more rapidly; a combination with other therapeutic measures is possible; electroshock therapy is avoided in refractory patients; suicide is often avoided because of the rapid effect at the beginning of therapy; the phase duration of depression is markedly decreased; the interval between phases of depression appears to be increased; and the treatment is well tolerated without untoward complications. 3 references.

**732. Rahmani, Levy. Studies on the mental development of the child. In: O'Connor, N.O., ed *Present-day Russian Psychology: A Symposium by Seven Authors.* Oxford: Pergamon Press, 1966. pp. 152-198.**

Soviet authors agree that education is of supreme importance in the child's mental growth. The role of the biological factor is not denied, but the environmental-educational factor is foremost. The individual development of mental functions and abilities follows a process of assimilation of social experience. Environment is a source of the child's development, not a condition. Soviet psychologists are critical of tests on the grounds that they disregard the paramount influence of environment. They are critical of Gesell's view of child development, and they have no recourse to psychoanalytical terminology in discussing child behavior. The preferred method of investigation is the cross-sectional and the longitudinal study. Concentrated work has been done on motivation (Neverovich), on intellectual operations and problem solving (Gal'perin, Kabanova-Meller), and on logical thought in school children (Bogoyavlenskii). The theory of orienting reactions has been extensively applied to the analysis of motor activity. All authors agree that language plays a leading role in the development of the child's voluntary activities. 51 references.

**733. Ramer, Barry S.; Zaslove, Marshall O.; and Langan, Joan. Is methadone enough? The use of ancillary treatment during methadone maintenance. *American Journal of Psychiatry,* 127(8):1040-1044, 1971.**

Methadone maintenance treatment programs are increasing in number. The question arises whether methadone blockade alone is sufficient to rehabilitate narcotic addicts. Addicts maintained on methadone at the Center for Special Problems in San Francisco had eight ancillary treatment modalities available. They used crisis intervention and vocational rehabilitation most often. One group of patients made excellent life adjustments with little ancillary treatment, while another group used many modalities but adjusted poorly. Patients requiring individual psychotherapy made the poorest adjustment and had the highest rate of attrition from the program. 9 references. (Author abstract)

**734. Randolph, Lawrence Clifford. A study of the effects of praise, criticism and failure on the problem-solving performance of field-dependent and field-independent individuals. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-28555 (HC, $10; MF, $4).**

Within Witkin's theoretical constructs concerning the relationship between perceptual and behavioral dependence in children, a study was made of the effects of praise, criticism, and failure on the problem-solving performance of field-dependent and field-independent fifth graders. Ss were selected on the basis of either very low or very high scores on the children's embedded figures test (CEFT). The problem consisted of a two-part anagram list of moderate difficulty and an additional list of nine insolvable anagrams as a failure condition. Ss were either criticized, praised, or neither, but received the failure condition after finishing the first part and before taking the second. A test of hypothesis 1, which predicted that field-dependent boys would perform more effectively after being praised than being criticized was not confirmed. Hypothesis 2, which predicted that conditions of praise and criticism would have a greater differential effect on the performance of field-dependent boys, was confirmed. Hypothesis 3, which predicted that field-dependent boys would work less effectively after failure than field-independent boys, was also confirmed. It was concluded that the findings offer strong support for Witkin's contention that perceptual field-dependence is related to behavioral-dependence. Implications for studies of performance deficits in all stress conditions, as well as for classroom management, are suggested. (Journal abstract modified)

**735. Rao, M. Subba. A bright new world for the new generation. *Social Welfare* (New Delhi), 16(8):4-6, 1969.**

Child welfare projects in India, with attention focused on the preschool child and the enhancement of village life, are discussed. Village centers are supported financially by the United Nations and serve to train mothers in the various homemaking crafts with emphasis on child health and hygiene. Training of children who then would return to the same deprived environment is futile. By training the mothers to provide better homes, i.e., homes characterized by better food, cleanliness, love, and harmony, everyone benefits. The child is then provided an optimum chance to develop into a worthwhile adult. Success of the projects is attested to by their acceptance in the villages; 130 have been established with more planned for the future.

**736. Raphael, Beverley. Crisis intervention: Theoretical and methodological considerations. *Australian and New Zealand Journal of Psychiatry* (Carlton, Australia), 5(3):183-190, 1971.**

A theoretical and methodological dissertation on the concept of crisis intervention as an instrument of primary prevention is presented. Current literature is reviewed. The concepts of crisis are discussed briefly, and a concept emphasizing the intrapsychic state of the individual is proposed. The relevance of crisis with its period of disturbed functioning and its potential immediate and long-term sequelae for mental and physical health and social adaptation is reviewed. The concepts of crisis intervention are explored and handled. Each is looked at from the aspects of epidemiologically established basis; forms of intervention, both actual and hypothesized; and methodology of evaluation of effectiveness. 49 references. (Journal abstract modified)

**737. Rapoport, Rhona, and Rapoport, Robert N. New light on the honeymoon. *Human Relations* (London), 17(1):33-56, 1964.**

The honeymoon was viewed as a potentially fruitful area of scientific investigation. The honeymoon is a phase of partial physical and social withdrawal of the newly married couple from the rest of the world, particularly the world of their prior social relationships. The period is idealized as one of unparalleled bliss. The honeymoon is viewed as a phase in the critical transition of getting married. This transition point is inherently disruptive of the steady states that were established in the lives of the individuals concerned and in the social systems in which they were involved. The phase-specific tasks of the honeymoon were described as either intrapsychic or interpersonal. They all related directly to what was required for establishing a basis on which the ensuing husband-wife relationship would develop. Intrapersonal task 1 was defined as developing a competence to participate in an appropriate sexual relationship with one's marital partner. Intrapersonal task 2 was defined as developing a competence to live in close association with the marital partner. Interpersonal task 1 involved developing the basis for a mutually satisfactory sexual relationship; and interpersonal task 2 involved having a mutually satisfactory shared experience as a basis for developing the later husband-wife role relationship. Coping with the tasks of the honeymoon involves mechanisms of defense and patterns of cognition, motivation, and perception, which individuals, in their sociocultural backgrounds, bring to bear on the situation. The experiences of one couple in adjusting to the demands of the honeymoon were presented. 55 references.

**738. Raskin, Marjorie; Rondestvedt, Joanne W.; and Johnson, George. Anxiety in young adults: A prognostic study. *Journal of Nervous and Mental Disease,* 154(4):229-237, 1972.**

Several variables, including social ones, are studied to serve as a predictive index of anxiety remission. Fifty young adults were followed up for 2 to 3 years after beginning treatment for anxiety states, in order to ascertain the best combination for distinguishing between recovered and nonrecovered groups. Prior love-life adjustment, prior work adjustment, and characteristic level of anxiety were variables related to the outcome. In combination they allowed for correct categorization of 90 percent of the patients studied. Nonrecovery is related to previous unsatisfactory social involvement, in which some individuals function poorly, while others appear unable to derive internal satisfaction from already adequate behavior. The sustained remission of anxiety occurs most frequently in individuals whose characteristic manner of relating to the world is satisfactory. 25 references. (Author abstract modified)

**739. Ravenscroft, Kent, Jr. Normal family regression at adolescence. *American Journal of Psychiatry,* 131(1):31-35, 1974.**

The role of puberty in setting into motion processes within the adolescent and the family that initiate an adolescent family developmental epicycle is discussed. An integral aspect of this epicycle is a temporary regression in sibling, marital, and family functioning, reflecting a creative return to earlier modes of experience and behavior. This normal regression provides the empathetic interpersonal framework within which family members get in touch with, share, and facilitate adolescent development—while at the same time growing themselves as individuals and as a family unit. 23 references. (Author abstract)

**740. Records, John M. Some conclusions from and answers to our chemical "cop-out" and social "drop-out" problem. *Journal of the Indiana State Medical Association,* 64(5):385-388, 1971.**

Etiological factors in drug abuse are attributed to peer influence more often than any other factors. It is considered that drug education should be started at the fifth and sixth grade levels, where it is easier to formulate strong attitudes against drug abuse. In the junior high and high schools, movies, informed faculties, pamphlets, TV spots, and an opportunity to question authorities and previous drug abusers may be used. The college set and other youth under 25 are more difficult to enlighten. They must be made to see that youth must be given a chance to mature in order to cope with stresses to which they will be exposed during their lifetime. Drugs are instrumental in pushing the immature person over the brink of a neurosis to a psychosis. The drug user must realize that he has to live in the community and that his flights into an unrealistic world will alienate him further from society and probably precipitate some depression which can shatter emotional stability. It is emphasized that because some drugs have not been thoroughly investigated as to their safety, it is not safe to assume that they are harmless.

**741. Reeves, A.C. Children with surrogate parents: Cases seen in analytic therapy and an etiological hypothesis. *British Journal of Medical Psychology* (London), 44:155-171, 1971.**

Analytic material from the treatment of three children reared by surrogate parents is presented. Particular attention is paid to a characteristic interaction manifested by all three in the early sessions of therapy. The process is seen as comprising three phases: (1) a period of relatively sustained empathic convergence of the therapist towards the unconscious, primary process of the patient; (2) the reaction: a sudden divergence, initiated by an act, word, or gesture of either patient or therapist, which appears, on its occurrence, totally discordant with what has gone before; and (3) the sequel—a realignment of both patient and therapist who now experience each other as separate or alien. The significance of this process is then explored in relation to the manner of relating, historic and current, of child and surrogate parents (in particular the mother). It is suggested that the problem facing the surrogate mother child dyad is to promote the conditions for primary identification without which adequate adaptation to the infant's needs, emotional and physical, cannot occur. 44 references. (Author abstract modified)

**742. Reid, Helen; Brown, Saul L.; Hansen, Yvonne; and Sperber, Zanwil. Preventive interventions for the very young: An infant consultation service interweaves service, training, and research. *American Journal of Orthopsychiatry*, 43(2): 246-247, 1973.**

In a paper presented at the 50th annual meeting of the American Orthopsychiatric Association, an infant consultation service that interweaves service, training, and research in preventative interventions for the very young was described. Assessment of the program's personnel, their understanding and empathy for clients, plans of the program, and results of a followup interview with clients are discussed. Years of working with families and children initiated the feeling that there was a need for services for very young children. Training of paraprofessionals and review of the skills of professionals are discussed.

**743. Renshaw, Domeena C. Psychiatric first aid in an emergency.** ***American Journal of Nursing,*** **72(3):497, 1972.**

Ten points of value as psychiatric first aids in an emergency situation with an unruly patient are presented. They are: (1) definition of role; (2) definition of function; (3) personal interest definition; (4) definition of problem; (5) expression of concern with patient's feelings and view of the situation; (6) quiet persuasion as a tool; (7) resisting impulse to take over; (8) recognition of limitations; (9) outside controls: (A) direct verbal command; (B) verbal threat; (C) direct physical supervision; (D) direct physical overpowering; (E) mechanical restraints; (F) chemical restraints; (G) legal restraints; and (10) informing the patient of future plans after control has been established.

**744. Rice, Gunther, and Klein, Annette. Getting the message from a schizophrenic child.** ***Psychiatry,*** **27(2):163-169, 1964.**

An approach to the treatment of a schizophrenic child was discussed which focuses on the process and problems of communication. The approach is based on the premise that the schizophrenic child's behavior can be understood by the emotional impact it has on others. Failure of communication between therapist and child often occurs because the schizophrenic child expresses himself primarily in action, rather than in the appropriate emotional gestures or verbalizations. Effective communication requires empathy and ego flexibility on the part of the therapist. The major problem lies in the disturbing affects which the schizophrenic child evokes in the therapist; conflicts over these affects tend to interfere with the therapist's ability to understand the child, since they cause a shift in focus from the child to the therapist's own discomfort. A major obstacle for the therapist in developing the necessary empathy is the relative inaccessibility to consciousness of such primitive affects and impulses. These barriers to ego regression are not necessarily countertransference phenomena but are an essential byproduct of the socialization process. One difficulty in maintaining empathy with the schizophrenic child is the frequent and sudden shifts in the child's behavior. With good empathic communication, the child reacts on a somewhat higher level. The therapist should have frequent and close communication with colleagues in order to reestablish her differentiation from the child. 16 references.

**745. Richards, Herbert C., and McCandless, Boyd R. Socialization dimensions among five-year-old slum children. *Journal of Educational Psychology,* 63(1):44-55, 1972.**

In a study focused on the augmented personality domain, data were gathered over a three-year period from more than 300 black and white 4- and 5-year-olds attending prekindergartens in poor, urban neighborhoods of Atlanta, Georgia. From these data a correlation matrix was generated and factor analyzed. Five factors emerged and were replicated statistically: (A) verbal facility; (B) coping with anxiety by withdrawal; (C) coping with anxiety by aggression; (D) alienation; and (E) biological sex. For both boys and girls, the variable cluster associated with A was negatively correlated with the B cluster. The variable cluster associated with A was negatively correlated with C only for girls. The results were interpreted to mean that coping by withdrawal indicates personality maladjustment and interferes with verbal facility. Although coping by aggression does not directly interfere with verbal facility, girls with high verbal facility choose other means of coping with anxiety. 41 references. (Author abstract modified)

**746. Richardson, Charles E.; Hein, Fred V.; and Farnsworth, Dana L. *Living: Health, Behavior and Environment.* 6th ed. Glenville, Ill.: Scott Foresman, 1975.**

Health issues are discussed that focus on concern for the whole person with interacting emotional and physical needs as well as wide ranging factors involved in a lifestyle that may be chosen in a changing environment. Emotional well-being is discussed as are approaches to and results of coping with psychological stress. Major emphasis is given to positive elements and programs of mental health, and psychiatric treatment regimens are deemphasized. Special emphasis is placed on nutrition, physical fitness, and body care. Popular misconceptions about nutrition and fad behavior and the cultural trends which underly these concepts are examined. Family living is discussed in terms of sex and sexuality, marriage, and marriage and family relationships. Hazards to living are noted, including drugs, accidents, infectious diseases, and chronic and degenerative disease. Living in the community is discussed in relation to environment and ecology, community health resources, and personal health care services. (Journal abstract modified)

**747. Richter, Paul L.; Watson, C. Fletcher; and Caris, Timothy N. Aeromedical consultation service case report: Hysterical neuroses with syncopal or epileptiform symptoms. *Aerospace Medicine*, 41(9):1978-1980, 1970.**

Neurotic syncope and neurotic epileptiform reactions are manifestations of hysterical neuroses with varying mixtures of conversion and dissociation. A case is described in which a 26-year-old student pilot with 8 months of flying training had lost consciousness. The episode, accompanied by opisthotonos, occurred in a flight surgeon's office after removing a splint from a broken finger. The patient recovered consciousness without treatment in 20 to 25 seconds. The student was referred to the USAF School of Aerospace Medicine for evaluation and was removed from flight training. His history is replete with episodes of inability to handle anxiety, and each episode of nontraumatic loss of consciousness was in some way associated with the inability to cope with anxiety. These attacks of grande hysterie may be confused with syncope or epilepsy. Actually, they stem from an hysterical neurosis. The episodes were of brief duration and occurred under some of the circumstances appropriate to vasodepressor (vasovagal) syncope. 9 references.

**748. Rickard, Henry C.; Serum, Camella S.; and Wilson, Warner. Developing problem solving attitudes in emotionally disturbed children. *Adolescence*, 6(24):451-456, 1971.**

Thirty-two emotionally disturbed boys ranging in age from 10 to 17 were exposed to frequent group problem-solving discussions directed towards the solution of immediate conflicts to test the efficacy of this control technique as opposed to others, especially punishment, as a stimulus for the development of positive attitudes. The camp questionnaire, which was administered upon the arrival of the boys at a therapeutic summer camp, in the middle of the season, and on the last day of camp, presented eight typical camp conflict situations and permitted the boys to select punishment, counselor edit, no action, or group problem-solving discussion as consequences. It appeared that while the campers strongly favored punishment as a control mechanism early in the camp season, they verbalized the need for a decision based upon group discussion increasingly as the summer progressed. It remains for a future study to investigate the transfer of the problem-solving attitude behavior back to the home environment of these boys. 3 references.

**749. Rickard, Henry C. *Behavioral Intervention in Human Problems*. New York: Pergamon, 1971.**

A wide range of successful behavior modification programs geared toward improving the status of individuals with problems in personal and social adjustment are examined in detail. Each chapter describes a live action program in behavior modification which is unique, systematic, and treating a large number of individuals with a minimum of mental health professional resources. The programs outlined differ significantly in the population involved—retardates, emotionally disturbed children, severely disturbed mental hospital patients, juvenile delinquents, and prison inmates—but each emphasizes adaptive, environmental functioning as opposed to intrapsychic change. The primary agents of behavioral change are also diverse, including college students, nursing assistants, prison guards, parents, teachers, and other hospital patients. The volume is applicable for advanced courses in techniques of behavior change and modification, special education, counseling and guidance, the psychology of adjustment, and abnormal psychology.

**750. Riessman, Catherine K. The supply-demand dilemma in community mental health centers. *American Journal of Orthopsychiatry*, 40(5):858-869, 1970.**

Until recently there was underutilization of most social services by the poor. Now with the advent of neighborhood-based services, partially staffed by community workers, the poor utilize community mental health centers at such an accelerated rate that the demand cannot be met. Until such time as a large-scale, hitherto unknown input takes place, the demand is apt to exceed supply. Response strategies devised to meet this problem are outlined and discussed. They include restrictive intake policy; the waiting list; referring out; use of paraprofessionals and volunteers; reorganization of service to include such new treatment modalities as brief therapy, short-term group approaches, and crisis intervention; development of such community caretakers as school guidance personnel and ministers; use of sociotherapy and treatment at a distance; and use of the neighborhood service center model. Strategies devised by one community health center to cope with the supply-demand dilemma are described. 29 references.

**751. Rimon, Ranan; Lehtonen, Johannes; and Scheinin, T.M. Psychiatric disturbances after cardiovascular surgery. *Diseases of the Nervous System*, 31(5):326-328, 1970.**

The psychiatric and social adjustment during a followup period is investigated in 24 patients in whom psychopathological phenomena had occurred after major cardiovascular surgery. The mean age of the patients was 18.1 years and the mean duration of the

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observation was 3.2 years. During the followup period 6 patients showed psychiatric symptoms: 3 had neurotic syndromes, 1 depression, 1 organic brain syndrome, and 1 subnormal intelligence. In 4 cases these symptoms caused partial incapacity and in 2 the patients were completely handicapped; 17 patients had accomplished good social adjustment, and 9 of them showed improvement in general adaptation to social life after cardiac surgery. The significance of postoperative long-term psychiatric control and treatment is emphasized. 8 references.

**752. Ringel, E. *Selbstmordverhutung. [Suicide Prevention.]* Bern: Hans Huber, 1969.**

Contributions by internationally known authors are combined in this discussion of suicide. The suicide problem is actually much greater than the statistics indicate. The difference between suicide and attempted suicide is becoming quite definite in many respects. The latter group is showing a significant increase in all the civilized countries. The difference between attempted suicide in true endogenous depressions is significant when compared with that in neurotic developments, which show a typical stepwise course. The existence of various types of services for first aid, as for example, the telephone service, are delineated.

**753. Rinsley, Donald B. Postlude: Group therapy within the wider residential context. In: Berkovitz, I., ed. *Adolescents Grow in Groups.* New York: Brunner/Mazel, 1972. pp. 233-242.**

A summary and analysis of preceding chapters, on group therapy in residential settings, is presented. Various cliches regarding treatment of adolescents are discussed and disputed, and pitfalls in the relationships between therapists and patients are analyzed. The chapters are seen to attest to the importance of group treatment of adolescents in residential care as well as to the vigor with which it is carried on in many therapeutic settings. It is pointed out that regardless of the setting, the child's direct transferential needs require that good treatment contain the same fundamental ingredients as good parenting—insight, sensitivity, empathy, proper controls, and limits, and a maturity which catalyzes healthy identification with the child. 20 references. (Author abstract modified)

**754. Ritzer, George. Occupational myths. *Kansas Journal of Sociology,* 7(1-2):5-16, 1971.**

An attempt to provide information about some of the myths which abound in occupational life in professions, semiprofessions, managers, white-collar clerical workers, low-status employees, and deviant occupations is set forth. It is contended that myths are found at points of occupational stress and used by workers to cope with the stress. For each type of occupation major points of stress and myths that have developed to cope with the conflict are described. 20 references. (Author abstract modified)

**755. Robertson, James, and Robertson, Joyce. Young children in brief separation: A fresh look. *Psychoanalytic Study of the Child,* 26:264-315, 1971.**

Ways in which 13 young children (17 months to 2 years 5 months) coped with separation from the mother when cared for in conditions from which the adverse factors which complicate institutional studies were absent are described. Separations ranged from 10 to 27 days. None of the 13 children responded with protest and despair. The difference between their responses and those of children observed in institutional settings was qualitative and not merely of degree. All were able to use the substitute for the absent mother. Of the fostered children, 4 were observed in special detail related to age, levels of ego maturity and object constancy, previous mother-child relationship, length of separation, and defense organization. Their behavior conformed to the psychoanalytic view that the capacity to mourn is a function of ego maturity and object constancy. In a single contrast study, 1 boy, who in addition to loss of his mother was subjected to the inadequacies of residential nursery care, displayed the acute distress and despair commonly described of institutionalized children. Findings do not support Bowlby's generalizations about the responses of young children to loss of the mother per se or his theory on grief and mourning in infancy and early childhood; his concern about the potential harm associated with early separation from the mother is supported. 40 references. (Author abstract modified)

**756. Robertson, Joyce. Mothering as an influence on early develpment: Study of well-baby clinic records. *Psychoanalytic Study of the Child,* 17:256-264, 1962.**

Early clues to inadequate mothering are described, and the nature of adequate mothering is examined. Assessments on a mother can be made by a trained observer who watches her handle her baby and the expressions on her face. From birth to 8 weeks is a period of adaptation for the mother. The outcome is successful if the mother feels and expresses pleasure in owning her baby and in mothering, is aware of her baby's affective states and able to respond to them, and uses the heightened anxiety which is normal in the service of her baby. Adequate mothering depends on responses to the child's early strivings and on empathic response to his emotional states. The baby whose responses are answered and who is helped to get pleasure from his strivings and to master them progresses smoothly from one achievement to the next. 8 references.

**757. Robinson, Lisa. *Psychiatric Nursing as a Human Experience.* Philadelphia: W.B. Saunders, 1972.**

The relationship between the psychiatric nurse and her patient is examined. The nurse draws from her reservoirs of warmth, empathy, and caring to support patients with emotional problems. In clinical practice, the interaction between the patient and nurse is very important; the fears, anxiety, and inability to cope on the part of the patient are met with the nurse's understanding, self-confidence, and ability to facilitate learning. The problems of developing relationships with mentally retarded patients are explored. The fact that both the nurse and the patient are first of all human beings is stressed. Intervention through environmental manipulation, behavior modification, and motivation techniques is described. Suggestions, approaches, and attitudes conducive to the comfort of and minimal anxiety for the patient with emotional problems are explored.

**758. Roby, George W. *Protective Services for Older Adults.* Springfield, Va.: NTIS, PB-209088, 1970.**

A project which provides protective services for older adults who are currently, were, or may potentially be, recipients of public assistance is described. The project specifically sought to anticipate crises and prevent them, to provide services needed to stabilize and maintain clients at a functional level, and to be the agent for older people who could not make decisions for themselves. It was part of the social welfare program in Washington, D.C., to demonstrate what could be done to help people in emergency situations. The most common problem was that people who really needed protective services had a strong resistance to accepting help. The study is of value to public welfare and protective services personnel.

**759. Roche, L. Centre Anti-poisons de Lyon: Activite pendant l'annee 1969. [Anti-poison Center of Lyons: Activity during 1969.] *Bulletin de Medecine Legale et de Toxicologie Medicale* (Lyon), 13(2):63-107, 1970.**

Treatment of attempted suicides in Lyons for the year 1969 is reported and the results are compared to those of 1968. The reasons for the mounting figures for 1969 over those of 1968 include number of hospitalizations and incoming telephone calls. A permanent consultation service has been established. Toxicological analyses are performed by the clinical biological laboratory. Toxicological research is being carried on. Psychiatric evaluation is furnished, although the facilities are less adequate than they should be; medicolegal expertise is available; prevention of accidental poisoning is stressed, and health education is urged. An investigation dealing with accidents arising out of medical treatment (effects of drugs, anticoagulants, etc.) is about to be published. A course dealing with clinical toxicology which has attracted older physicians has been established in which physicians and pharmacists participate, receiving telephone calls from suicidal patients, attendants or nurses working in dangerous chemical industries, and first aid workers. Publications have increased on a national and international basis, as well as participating in congresses and summarizing toxicological activities. A new service is envisioned which will include a reanimation center, general medical emergency center, consultation with outside physicians, and a toxicological and medicolegal service.

**760. Rogers, Clarissa G. The use of alienation in crisis work. *Journal of Psychiatric Nursing,* 8(6):7-11, 1970.**

Developmental estrangement, as a form of alienation, has been presented as a problem involved in a significant number of crises amenable to crisis intervention. It is felt to be a reaction to developmental crises, and the estrangements felt as these various periods in life have been delineated. The concept has been integrated into the crisis framework, and four questions seen to be of particular relevance in defining the type of crisis. Possibilities for resolution have been cited, and two clinical examples have been offered as illustrations. Other forms of alienation have been briefly presented, primarily as an orientation to the breadth of the concept, and a means of contrast to the particular type of alienation in focus. Implications for the use of estrangement in crisis work are seen to be numerous, and several have been illustrated. Because nursing is becoming increasingly involved in crisis intervention, the concept has been cited as especially valuable. 18 references. (Author abstract modified)

**761. Rogers, Dorothy Patricia Brady. Personality traits and academic achievement among Mexican-American students. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-15823 (HC, $10; MF, $4).**

Personality traits and academic achievement among Mexican-American eighth-grade students were studied. It was found that such ss appeared less internal and lower on achievement motivation than comparable samples of Anglo children, but were similar in regard to independence training and self-concept of ability. Scores on the four personality measures and the achievement measures all increased with acculturation as predicted. However, acculturation group differences on locus of control and achievement motivation were obscured to some extent by sex differences. The four personality measures (components of coping style) in combination with sex, predicted highly significant amounts of variance in all of the achievement criteria, although not all measured contributed significant separate variance. Patterns of significant elements of coping style differ for boys and girls. Self-concept of ability emerged as the most powerful predictor for the sample as a whole, as well as for boys and girls separately. Finally, acculturation and socioeconomic status in combination predicted significant amounts of variance in all of the achievement criteria and all of the personality criteria except achievement motivation. Both predictors contributed significant separate variance to the California achievement tests and independence training. (Journal abstract modified)

**762. Rogers, Evelyn, and Kronick, Doreen. Living with and accepting the brain-injured child: A parent's viewpoint. *Academic Therapy Quarterly*, 3(3):184-186, 1968.**

Contrasts are made in the brain-injured child's condition before and after diagnosis, and the details of his daily life are given. It is concluded that a brain-injured child must have a happy home life, must know there is love and approval from peers, especially from parents, and must live as normal a life as possible. (Copyright 1968, American Psychological Association, Inc.)

**763. Rogers, Vincent R. Helping children with conflict resolution. *Childhood Education*, 49(5):226-229, 1973.**

The school's role in helping children deal with conflict and conflict resolution is discussed. It is suggested that children are best helped to deal with these problems when the quality of the day-to-day relationships among teachers and children in classrooms is rich and full; when people care for each other, respect each other, have the opportunity to make choices, to succeed, and to feel good about themselves. Such an atmosphere will contribute to a healthy childhood, which is the basis for a healthy adult life. 4 references.

**764. Rolf, Jon E. The social and academic competence of children vulnerable to schizophrenia and other behavior pathologies. *Journal of Abnormal Psychology*, 80(3):225-343, 1972.**

This report presents the rationale behind and the initial findings from a research project investigating the competence of children vulnerable to psychopathology. Four target groups were studied: (A) children with schizophrenic mothers; (B) children with internalizing mothers; (C) externalizing children; and (D) internalizing children. Each target child (N=120) was placed in an experimental triad with a matched and randomly selected control. Judgments of social and intellectual competence were made by peers and teachers in 113 classrooms in 37 elementary schools. Results are presented for each sex separately at the triad and target group levels. Overall, externalizers were judged least competent followed in order of increasing competence by children of schizophrenic mothers, internalizers, children of internalizing mothers, and controls highest of all. (Author abstract)

**765. Roman, Paul M., and Trice, Harrison M. The issue of explanation. In: *Schizophrenia and the Poor.* Ithaca, N.Y.: State School of Industrial and Labor Relations, 1967. pp. 42-76.**

An effort is made to provide an explanation for the prevalence of treated schizophrenia cases in the lowest socioeconomic class. Three approaches are examined: psychiatric bias, social drift, and social selection. It is shown that: the argument may be irrelevant within a sociological conception of mental disorder; use of a medical model of mental disorder leads to doubts concerning the validity of psychiatric diagnosis of schizophrenia; diagnostic consistency suggests reliability of the diagnosis; and, therefore, there is a reason to suspect a differential peer role in various socioeconomic classes in regard to placing persons in treatment. Examination of studies focusing on a social drift or downward mobility explanation offers contradictory results. It is held that the evidence examined does not refute the hypotheses that lower-class schizophrenics are native to that stratum, and that sociopsychological experiences have an important role in the genesis of schizophrenia. Investigation of research on sociopsychological causes in general, and family causes, in particular, strongly suggests that these factors play a role. Further examination of research and an effort at formal explanation leads to the conclusion that schizophrenic behavior is concentrated in the lowest social stratum due to processes of socialization leading to a considerable number of individuals with poor cognitive abilities to structure reality, and the requirement of interaction with an unstructured, ambiguous, and punitive reality. Schizophrenic behavior is seen as a form of interaction of these components. 167 references.

**766. Rosen, Bernard C., and D'Andrade, Roy. The psychosocial origins of achievement motivation. *Sociometry,* 22(3): 185-218, 1959.**

The origins of achievement motivation (N achievement) were studied by observing parent-child relations in 120 subjects who made up 40 family groups composed of a father, mother, and son aged 9 to 11. Half of the boys had high N achievement scores, and half had low scores, as measured by the TAT. In each achievement motivation category, half the boys were middle class and half were lower class. The parents' responses to their son as he engaged in achievement behavior were observed in their home for five tasks: block stacking, anagrams, patterns made with Koh's blocks, ring toss, and the Maier Hatrack Problem. The parents of boys with high N achievement tended to have higher aspirations for him to do well and a higher regard for his problem-solving competence. They set up standards of excellence even when none were given; or, if a standard was given, they expected him to do "better than average." They reacted to his performance with warmth and approval, or for the mothers especially, with disapproval if he performed poorly. Achievement training contributes more to the development of N achievement than does independence training. Mothers and fathers of high N achievement boys place different emphasis upon achievement and independence training, and the training practices of father and mother affect the boy in different ways. 15 references.

**767. Rosen, Bernard; Klein, Donald F.; and Gittelman-Klein, Rachel. Sex differences in the relationship between premorbid asociality and posthospital outcome. *Journal of Nervous and Mental Disease,* 149(5):415-420, 1969.**

To clarify the influence of the patient's sex on the relationship between level of premorbid social functioning and posthospital outcome, the premorbid asocial adjustment during preadolescence and adolescence and the 3-year posthospital outcome of a group of 163 previously hospitalized psychiatric patients were determined. A significant relationship was found between premorbid asocial adjustment and both incidence of rehospitalization and sex. The data indicate that a premorbid asocial adjustment scale (PAAS) score associated with good posthospital outcome among male patients was indicative of poor outcome for female patients. Thus the mean PAAS score for nonhospitalized males (4.97) is statistically similar to the mean PAAS score of rehospitalized females (5.30). Further, the relationship between PAAS and rehospitalization was limited to schizophrenic patients, indicating that the meaning of premorbid asocial adjustment is a function of diagnosis rather than a panpathological index. The findings were discussed in terms of differences in childrearing practices and social expectations for each sex group. The importance of comparing individuals on measures of premorbid social competence only within their own sex and diagnostic group was emphasized. 18 references. (Author abstract)

**768. Rosen, Catherine Elkin. The effects of sociodramatic play on problem solving behavior among culturally disadvantaged pre-school children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-2536 (HC, $10; MF, $4). 138 pp.**

As a followup to observations that advantaged Israeli kindergarten children exceed their disadvantaged peers both in the amount and quality of their sociodramatic play during free play periods, black American disadvantaged kindergarteners were tested for the effects of sociodramatic play on problem-solving behavior. An attempt was also made to determine whether training and practice in sociodramatic play would further problem-solving behavior. The hypothesis was supported that the acquisition and practice of sociodramatic play would lead to significantly more effective and creative problem-solving behavior among experimentals than controls. The hypothesis that learning to use sociodramatic play would result in greater effectiveness in solving problems requiring a maximum of cooperation and a minimum of competition for success was confirmed. Evidence for the hypothesis that acquisition and practice of such play would reduce psychological distance between the child and other social stimuli showed a positive trend. Significant support was obtained for the hypothesis that sociodramatic play experience leads to greater role-taking skills. (Journal abstract modified)

**769. Rosenhan, D.L. "Studies on Altruistic Behavior." Unpublished Progress Report, NIMH Grant MH-21987, 1973. 229 p.**

Research on various aspects of altruistic behavior are discussed. Consideration is given to: origins of concern for other; determinants of giving and sharing; kindnesses of children; learning theory and prosocial behavior; affect and altruism; effects of success and failure on children's generosity; affect and self-gratification; affect and effort; and developmental and naturalistic variables associated with charitability. 104 references.

**770. Rosenwald, George C. Effectiveness of defenses against anal impulse arousal. *Journal of Consulting and Clinical Psychology*, 39(2):292-298, 1972.**

An experimental verification is presented of the anal personality type utilizing two criteria of defense effectiveness: an inhibition criterion, based on performance in a fecal-like medium, and an anxiety criterion, based on an anal anxiety questionnaire. Indices for seven anal traits are obtained for high and low scoring college age ss. Ineffective defenders regarding anal impulses (A) processed work more quickly, (B) wagered less money in a betting task, (C) showed and admitted less direct aggression, but professed more indirect resentment, (D) exhibited a more pronounced need for order, and (E) were less susceptible to opinion change. Hypotheses regarding criticalness and autonomy were not supported. Defenses can be ineffective without felt anxiety. Adaptation can fail through libidinization as well as anxiety. 15 references. (Author abstract)

**771. Rosenzweig, Saul. Sex differences in reaction to frustration among adolescents. In: Zubin, J., ed. *The Psychopathology of Adolescence*. New York: Grune and Stratton, 1970. pp. 90-107.**

Sex-related differences in reactions to frustration during adolescence were explored; the diagnostic instrument employed was an adolescent adaptation of the Rosenzweig Picture Frustration (P-F) study. The two main results confirm prevailing views about the adolescent stage of development. In contrast with early childhood and mature adulthood as explored by the P-F, sex differences appear to exist at this stage. Males are (or become) more aggressive (both positively and negatively) than females, possibly as a function of their greater competitiveness with the older generation. This interpretation is suggested by the findings that adults are more threatening than peers to early teenage subjects, especially males, but confirmation will depend upon further analysis of sex differences, specifically in regard to the adult-peer frustratee dimension. 10 references. (Author abstract modified)

**772. Rosner, Henry. "Of music, magic and mystery": Studies in adolescent synthesis. *Journal of the American Psychoanalytic Association*, 20(2):395-416, 1972.**

To support the thesis that analysis during midadolescence is feasible, clinical data from three analyses are presented. In these cases, the adolescents had not been able to resolve the phase—specific regressions necessary for the resolution of the earlier infantile conflicts. Unless these earlier conflicts are undone, maturation and development are impeded. In working with these patients, it was found that their fantasies, affective actions, and transference manifestations reflected not only regressive trends, but also active attempts at newer forms of psychic synthesis, even if grossly maladaptive. It was also found to be efficacious and productive to go along with the endeavors of these patients as part of their analyses rather than assume a prohibiting role. In conclusion, the uniqueness of adolescence as a phase of development was highlighted. It was also concluded that the analyst must be able to retain distance, objectivity, and empathy in the face of assaults he may experience on his values, moral beliefs, and aesthetic values. The analyst must realize that the behavior of his adolescent patient may be an attempt at creativity, synthesis, and identity which may or may not be maladaptive at the moment. 35 references. (Author abstract modified)

**773. Rosoff, Nina. The resounding silence: The management of rituals. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-6334. (HC, $10; MF, $4). 393 pp.**

A study of rituals as external, involuntary, interpersonal behavioral patterns which are a result of (or are actuated in) collectives which are adaptive to the quasiequilibrium needs of social systems is presented. The ritual therapy states: Behaviors develop from collectives. Collectives provide opportunities for members to cope with anxiety. Members' interactions result from a bundle of anxiety. Anxiety draws on automatic cognitive defense mechanisms. Defense mechanisms act to protect individuals from the experience of themselves with others. Protective behavior results in faceless interaction. Faceless interaction results in ritualistic behavior. An analysis of observations from close proximity illustrate and support the notion that components of rituals tend to maintain behavior around the suggested values and norms. It is proposed that anxiety is not inherent in human beings, but develops from faceless interaction. Adolescence is a ritualized transitional period of rapid physical and psychological growth. Behavior between a male and female is ritualized around a leading force of equality and a restraining force of competition. Rituals act as a linking pin for intervention strategies and function to maintain systems and provide natural channels for the management of rituals facilitating change in human systems. (Journal abstract modified)

**774. Ross, Elisabeth K. How the patient faces death. *Public Welfare*, 29(1):56-60, 1971.**

Discussion is given to how patients coped with knowledge of a terminal illness, how they were able to spend their last few months, and how members of the helping professions can be more meaningful and therapeutic during this last crucial period of a patient's life. The attitudes of two terminal patients in their fifties, one male and one female, are reviewed. 2 references.

**775. Rothchild, Ellen, and Owens, Ruth P. Adolescent girls who lack functioning ovaries.** ***Journal of the American Academy of Child Psychiatry,*** **11(1):88-113, 1972.**

An analysis of how girls with ovarian insufficiency due to Turner's Syndrome adapt to the maturational arrest and threat to childbearing is set forth. Turner's Syndrome is a congenital disorder in which one sex chromosome is missing or malformed. The gonads develop poorly, but normal female external genitalia, a uterus and vagina, are present, compatible with normal sex relations. As girls lacking functioning ovaries are uncommon, so psychological studies are few. A sample was obtained of girls with Turner's Syndrome who were relatively free of associated somatic pathology. Of 11 subjects reported, none was intellectually retarded, none had life-threatening pathology, but nearly all had a greater than average share of medical problems, were short, and looked immature. The physically immature girls appeared socially naive, compliant, conforming and too good, banal and moralizing, and relatively restricted in creativity and imagination. Accounts of individual girls coping with diagnostic information are given. Parental reactions are reported. Changes following treatment are analyzed. Developmental characteristics, coping behavior, reactions to learning of infertility, and compensations and sublimations of older girls with Turner's syndrome are reported. While chemical restoration of a near-normal biological maturational sequence supported advances in psychological growth, certain components of an evolving feminine identity appeared to be still lagging by girls in their early twenties. Heterosexual experience was limited. Maternal feelings were somewhat circuitously shaped by early wishes to control those smaller than themselves, by overdetermined interests in adoption, and by the inclination to altruistic surrender. 30 references.

**776. Rothenberg, Barbara B. Children's social sensitivity and the relationship to interpersonal competence, intrapersonal comfort, and intellectual level.** ***Developmental Psychology,*** **2(3):335-350, 1970.**

A method of measuring children's social sensitivity that takes into account some shortcomings of previous studies is described. The relationship between social sensitivity and specific measures of interpersonal competence, intrapersonal comfort, and intellectual level as variables hypothesized to be important in the development of social sensitivity is investigated. Social sensitivity, the ability to accurately perceive and comprehend the behavior, feelings, and motives of other persons, was measured using a series of four recorded stories depicting two adults in happy, angry, anxious, and sad interactions. One hundred and eight first- and third-grade students describe the feelings and motives of the characters. Age, intellectual ability, and interpersonal adjustment were seen to contribute most to the development of accurate social perceptions; no significant effect was noted for sex, ordinal position, or size of family. the importance of the methodology used and possible future directions for this research are noted. 29 references. (Journal abstract modified)

777. **Rothenberg, Michael B. Violence and children. *Mental Hygiene,* 53(4):539-544, 1969.**

The influence of violence on the behavior and attitudes of children can be studied, evaluated, and minimized only if and when adults have identified the problems of violence in themselves. Three popular assumptions are discussed: (1) that violence is bad; (2) that violence is natural, a part of human nature; and (3) that violence is increasing. Confusions and misconceptions exist in all three. The first assumption is a belief, a part of the morality of Western culture, but documented facts often contradict the belief; the second assumption can be disputed because there are cultures where neither overt nor covert violence is found; the third assumption rests on the general opinion, created by communication media and other factors, that crime has increased much more than, in fact, it actually has. The discussion continues with examples, on the one hand, of the passive or permissive approach to the problem of violence and children, and recommendations, on the other, for firmer adult attitudes concerning development of acceptable child behavior. The foundation for any modification of the influence of violence on youth is how the adult community itself reacts and responds to violence and crime. 11 references.

778. **Rothenberg, Michael Gary. Patterns of cooperation and competition as a function of marital adjustment and stress. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-28089 (HC, $10; MF, $4).**

The behaviors of well-adjusted and maladjusted couples were compared when faced with both nonstressful and stressful conflicts. Ss were categorized based on whether or not they were currently in therapy and on their scores on a standard marital adjustment scale. Each couple engaged in 20 trials of the interpersonal game test, a two-person bargaining game. Half were given motivationally neutral instruction, and half received instruction designed to heighten the level of stress associated with the conflict. The results indicated that maladjusted and well-adjusted couples did not differ in the effectiveness with which they resolved either nonstressful or stressful conflicts. They did not differ in their patterns and tactics of play when faced with a nonstressful conflict, although they did when the level of stress was increased. The findings suggested that both groups do not differ in their capacity to deal with the immediate aspects of an acute crisis. However, there are substantial differences in their characteristic styles of coping with recurrent conflicts, particularly in stressful situations. The results raise the possibility that heightened stress often precipitates the crises encountered by maladjusted couples. (Journal abstract modified)

**779. Roumajon, Y. Adolescencia y tiempos de revuelta. [Adolescence and the period of revolt.] *Criminalia* (Mexico), 36(12):818-820, 1970.**

Few objective studies on the tendency to revolt during adolescence have been written—children are secretive and adults biased. An attempt is made to review this subject briefly. Adolescence is the period when we relive the conflicts of infancy. Delinquency and drugs are both attempts to flee reality. Problems such as illegitimacy and racial conflict encourage the expression of aggression, which adolescents may turn back on themselves in the form of suicide.

**780. Rozansky, Gerald I., and Linde, Leonard M. Psychiatric study of parents of children with cyanotic congenital heart disease. *Pediatrics,* 48(3):450-451, 1971.**

In a psychiatric study of parents of 13 cyanotic children ranging from 3 days to 17 years of age, group sessions were held which promoted a free exchange of ideas and information between members of the group. As a result of these sessions, the parents gained insight into their own psychological mechanisms. Knowledge of these reactions should be of help to the parents and to the pediatrician in handling families with children with cardiac disease. Parental adjustments, such as denial, have varied results in the doctor-patient relationship, from increased dependency and demandingness, to hostility and repeated inability to comprehend the efforts of the physician to give accurate diagnostic, prognostic, and therapeutic information. If the physician is unaware of these difficulties he may have difficulty in understanding some of the parent's behavior with increased feelings of helplessness. The parents may either try to deny the illness or search for the omnipotent physician to care for their child and themselves. With this approach they can meet with only greater problems than they have in reality. Similar group sessions or individual discussion with the pediatrician might help parents become more conscious of their various defenses and feelings, even though painful, so that they might be fairer to themselves, their child, and the doctor. 5 references.

**781. Rubenfeld, Seymour. Delinquency and crime. In: Powers, G.P., and Baskin, E., eds. *New Outlooks in Psychology*. New York: Philosophical Library, 1968. pp. 114-138.**

A review of recent research and theoretical work in the area of crime and delinquency is presented. New emphasis on learning and thinking deficits, and a trend away from biopsychological approaches to the etiology of crime and delinquency are noted. A brief discussion of psychodynamic theories, mediating processes, and environment factors in crime and delinquency is presented. Redl, Cloward and Ohlin, Greenacre, Bloch, Deutsch, and Bandura are among the scientists whose work is considered. A strong tendency to parallel development in typological research using different populations, methods, and theoretical models is reported. The nine-subtype system developed by Warren, Grant, and Sullivan is discussed in connection with its application in the community treatment project in California. Types identified thus far include a mentally ill type, an impulse-oriented type, a power-oriented type, a conformist variant, a neurotic type, and the normative outsider, seen in privileged and deprived subtypes. Discussion is offered of recent attempts to change the behavior of delinquent and criminal persons through manipulation of parameters of learning and conditioning. Efforts to involve socializing agents, such as teachers, employers, and parents, in programs of rehabilitation are discussed. Reduced interest in uncovering and resolving defenses and conflicts, and growing attention to development and strengthening of existing skills in delinquency programs is noted. Community action approaches to delinquency prevention and control are outlined. Training programs, storefront clinics, and casework efforts are briefly noted. Innovations in correctional and institutional intervention are discussed. The importance of institutional structure in determining inmate response is considered. Community-based probation, day care facilities, and group treatment are among the new types of programs given summary attention. 73 references.

**782. Rubenstein, R. An intensive study of hospitalized severely troubled adolescents who have used drugs heavily. In: Miller, L., ed. *Fourth International Congress of Social***

***Psychiatry: Abstracts of Papers*. Jerusalem: AHVA Cooperative, 1972. p. 150.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, a study of Yale Psychiatric Institute's borderline, schizophrenic, psychopathic, and depressed adolescent patients whose history included the heavy use of drugs is presented. The study used information from intensive individual psychotherapy, social work contact with parents, psychological testing, observations by nursing and activities staff, performance in the hospital school, and patients' and parents' participation in groups and forums. It is focused upon the use made of drugs in relation to the patients' psychopathology, and functions served by drug usage within the dynamics of the family. Many of the youngsters studied were of only average intelligence, disinclined to be intellectual or academic, in contrast to their predominantly cultured, achievement oriented, upwardly mobile, socioeconomically upper-middle and upperclass parents. Their mothers were often extraordinarily ambivalent toward the patient with frequent evidence of intense hostility and were often psychotic with a history of psychiatric hospitalizations. Amphetamines, most often the preferred drug among these patients, were initially used to cope with real or imagined obesity, often in compliance with mothers' emphasis upon being thin, and then used to provide a sense of vitality and motivation, and to cope with anxiety, depression, and feelings of apathy and emptiness. The self-punishing aspect of this drug usage was frequently related to the internalization of their hostile mothers by these patients. (Author abstract modified)

**783. Rubin, David. Sex in patients with neck, back and radicular pain syndromes. *Medical Aspects of Human Sexuality*, 6(12):14-27, 1972.**

Sex in patients with neck, back, and radicular pain syndromes is discussed. The pain of sexual intercourse in these patients can be minimized or eliminated when the physician instructs the patient in correct positioning. In addition, the relief of psychological tension through sexual activity seems to have a beneficial effect on relaxing the patient generally and in aiding recovery from painful musculoskeletal and neuromuscular disorders. It is suggested that the physician handle this area of sexual activity as he would other physical activities, by outlining a definitive regimen. When the mechanical factors which produce or relieve pain and the methods for achieving a more pain-free state are explained, the patient is able to cope with his anxieties in a realistic manner. 1 reference.

**784. Rubin, Eli Z. A psycho-educational model for school mental health planning. *Journal of School Health*, 40(9): 489-493, 1970.**

In discussing preventive and therapeutic programs to deal with emotionally disturbed children, an alternative model based on recent research studies is set forth, which can help school personnel implement programs of early identification, screening, and remediation. The adoption of a social competence model by school workers provides a method of identification that can be introduced very early in a child's life. Identification of high-risk subjects and the institution of retraining experiences can bring about a reversal of specific dysfunction and reduce vulnerability to maladjustment. Schools should include programs of readiness skill training at preschool, kindergarten, or first-grade level and specialized retraining programs in the later elementary grades supplementary to regular class instruction. Parent counseling is also considered as an essential ingredient. Teachers and parents can be better informed of what to realistically expect from individual children; and rather than contribute to patterns of avoidance and discouragement they can, through their understanding, provide support through appropriate attention to dysfunction. In this way the climate in which the child grows and the environment in which he learns can adapt to variability in capacity, avoiding the development of serious learning and emotional problems. 23 references. (Author abstract modified)

**785. Rubins, Jack L. The problem of the acute identity crisis in adolescence. *American Journal of Psychoanalysis*, 28(1): 37-47, 1968.**

The author examines the concept of identity crisis in adolescents, its behavioral syndromes, difficulty in treatment, and the generating circumstances. Three traits characterize the attitudinal state: (1) extreme fluidity and shifting of symptoms; (2) a glorified self-image; and (3) confusion about self-concept or identity. Details of the neurotic process are traced from childhood defensive adaptations to the hostile elements of the environment through the maturational and perceptual developmental process which upsets the established balances and produces self-alienation. Social conditions may aggravate identity distortions, such as self-glorification, to produce severe neurosis. The therapist may guide the reconstitution of identity by pointing out reality and constructive resources. Discussion by M. Boigon follows. (Copyright 1968, American Psychological Association, Inc.)

**786. Rubins, Jack L. A holistic (Horney) approach to the schizophrenias: Part III—The therapeutic process. *American Journal of Psychoanalysis*, 32(1):16—42, 1972.**

Office treatment of acute and chronic schizophrenics indicates that the Horney culture-based, growth-oriented, holistic-dynamic psychoanalytic theory is very effective; however, there are differing opinions about its long-term effectiveness. The results of office treatment of ambulatory psychotics seem to be superior to those of inpatient hospital therapy. The effects of several different methods of treatment on a large group of patients were studied, including drugs alone, psychotherapy alone, drugs plus psychotherapy, electroconvulsive shock, and milieu therapy. After about 2 years of treatment, it was concluded that drug therapy alone gave about the same results as drugs with psychotherapy, and both were superior to individual interpretation insight therapy. The schizophrenic process can be divided into three parts: prepsychotic development; the psychosis itself; and the reversal of psychosis. The technique parameters of the holistic dynamic approach are varied according to the needs of the patient. The seated position and facing the analyst often seems preferable to that of the couch for most psychotic patients. Flexibility in determining the frequency of sessions is important. Free association as an analytic rule is usually less feasible and of less value for the schizophrenic than for the neurotic. Drug therapy should be used only when indicated, depending on each patient's personality and condition. A final technique parameter is the therapeutic use of contact with other persons (group, family, milieu) along with analytic therapy. The establishment of a viable relationship with the psychotic is usually the first and often the most difficult requirement of the analysis. The unconscious thematic material from free associations has to be interpreted into conscious, cognitive awareness. Some special techniques that are employed include childhood recall, control of anxiety, and the use of dreams. 49 references.

**787. Rubinstein, D. Cultural conflicts in family therapy. In: Miller, L., ed. *Fourth International Congress of Social Psychiatry: Abstracts of Papers*. Jerusalem: AHVA Cooperative, 1972. p. 219.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, family therapy with families in which migration has led to cultural conflicts between parents and adolescent children is discussed. When parents migrate to the United States from other countries, both parents and children find themselves needing to adjust to unfamiliar value systems. For the child, especially during the differentiating stage of adolescence, it means coping with a peer group subculture on the one hand and the parents' set of mores and values on the other. Even the communication styles seem to be quite different from the parents' generation as compared to the children's peer groups. One of the most frequent difficulties met by a family therapist is to find adequate means and to develop skills to handle these two generations within the same family. Some aspects of an initial interview and subsequent followup of a Polish family settled in a Philadelphia neighborhood are examined to illustrate this type of clinical situation. Migrant families caught in critical periods of family development, such as adolescence, may undergo severe effects from culture shock and thus manifest serious conflicts in role differentiation and social adjustment. The therapist's role is to try to discover the positive emotional resources which exist in either one of the various generations involved, to find the points of difference to be recognized among all family members, and to help them reach a compromise leading to a workable relationship. One of the tasks of the therapist is to help the family acknowledge themselves as a specific unit in search of an identity in a new milieu. (Author abstract modified)

**788. Rupnow, Allan Arnold. Anxiety and motor performance in children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-31183 (HC, $10; MF, $4).**

The effects of two teaching methods on the skill acquisition of elementary school children were studied, and an attempt was made to determine if the anxiety level of children interacts with the teaching method to facilitate or impede learning. The general hypothesis was that no significant differences would occur from the results of motor performances of the groups relative to the anxiety variable and method of teaching. Ss were fourth and fifth grade children who participated in an experimental program to teach a soccer skill and a speedball skill, using either a problem-solving teaching approach or a traditional teaching approach. A test to measure the anxiety level of children was given to all experimental ss. The results were used to divide each of the groups into a low anxious, middle anxious, and high anxious group. The data indicated that: (1) Neither method of instruction was superior in offering experiences to elementary school children for the purpose of sport skill acquisition; it also appeared, however, that where differences in performances were shown, the groups instructed under the problem-solving method outperformed the groups under the traditional method; and (2) the method of teaching had no facilitating or impeding effects on children's performance, regardless of their anxiety level. (Journal abstract modified)

**789. Rusk, Thomas N. Psychiatric emergencies in medical practice: Survey of the literature and some proposals.** ***Journal of the Oklahoma State Medical Association,*** **63(10): 483-495, 1970.**

Pertinent literature on the definition, incidence, and management of psychiatric emergencies in medical practice was reviewed. Psychiatric emergencies are grouped into two categories: social (loss of control of behavior) and personal ( a critical stage in the process of an individual's mental or emotional coping with the world). The majority of psychiatric emergencies are comprised of suicide, acute schizophrenia, or decompensating alcoholic behaviors. In a British psychiatric emergency clinic, 22, 59, and 11 percent of the patients presented with psychosis, neurosis, and personality disorders, respectively. General principles of management include assessment of the patients' behavior and complaints and the use of a therapeutic approach involving five components: explicit empathy, confidence, hope, active leadership, and intrusiveness. Treatment modalities include talk (psychotherapy), environmental manipulation, and chemotherapy. Management of specific emergency patients including the suicidal, the anxious, the panic stricken, the delusional, the aggressive, the confused, the drugged, the self-mutilating, the depressed, and the despairing patient were discussed. 58 references.

**790. Rusk, Thomas N. Opportunity and technique in crisis psychiatry.** ***Comprehensive Psychiatry,*** **12(3):249-263, 1971.**

A theory of crisis and its therapy is proposed. In crisis, ego regression proceeds in a chaotic uncontrolled manner and requires immediate, quick psychiatric intervention in order to diminish the anxiety. A basic approach and attitude of effective therapeutic stance includes five facets: calm confidence; hopefulness; active leadership; intrusiveness; and explicit empathy. Based on the theoretical concepts, specific tactics in crisis intervention are elaborated on. The tactics include: affectual release; fostering maturity; current life focus; unsatisfied needs; affectual cues; consensual formulation; fostering feedback; emphasis on the positive; the multiple systems approach; the sequence of the intervention; and the termination of the intervention. 29 references.

**791. Saarni, Carolyn Ingrid. Piagetian operations and field independence as factors in children's problem-solving performance.** ***Child Development,*** **44(2):338-345, 1973.**

Piagetian operations and field independence as factors in children's problem-solving performance were studied. Two formal operational tasks and the rod and frame test were administered to

64 middle-class young adolescents, evenly divided according to sex and grade. Their performance on two complex, multistep problems was evaluated according to the level of field independence nested within level of cognitive development. The results indicated that the Piagetian developmental level significantly predicted problem-solving performance, whereas the level of field independence did not appear to clarify individual differences in a meaningful way. Significant sex differences were found on the rod and frame test but not on the formal operational tasks. 22 references. (Author abstract modified)

**792. Sachs, Virginia K. Crisis intervention. *Public Welfare*, 26(2):112-117, 1968.**

There is a need among caseworkers for a theoretical base that is clear, increases understanding of current practice, and makes use of what they have learned from others and what they have done intuitively. A synthesis of the theory of crisis intervention and its process with casework theory and practice is presented, based largely on Lindemann's work and experience in casework and teaching. It integrates what is new in crisis intervention in casework with known casework theory and practice. Predicaments, crises, coping, and outcomes are discussed as they relate to caseworkers' concerns and experiences in their work and are illustrated by two brief case reports. The usefulness of the pattern to both new and experienced caseworkers is noted. Comments made by three of them are given, written 2 months after a seminar in which they studied the concepts and applied them to their own cases; the conceptual framework gave them clarity, security, and reassurance about their work. 10 references.

**793. Safer, Daniel J. Establishing boundary lines for families of children with behavior disorders. *Psychiatric Quarterly Supplement*, 42:86-97, 1968.**

The need for an operational framework for families of children with behavior problems is emphasized in terms of the domain of the parent, the child, and the community. The domain concept is defined, and boundaries between the three areas are discussed. Examples are included to indicate the effectiveness of this type of approach in family treatment of such children and to outline boundary line conflicts and their resolution. 11 references.

**794. Saharu, Morio, and Ohide, Kogo. Education and counseling for the mentally retarded. *Kyoiku To Igaku* (Fukuoka), 19(12):1103-1122, 1971.**

A roundtable discussion on education and counseling for men-

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tally retarded children at a seminar at Gotenba Colony is recorded. Topics include: what is the meaning of mental health; what is counseling; whether or not teachers can have empathy or good understanding toward problem behavior of mentally retarded children; and the training of therapists for mentally retarded children.

795. **Salzman, Leon. Adolescence: Epoch or disease?** ***American Journal of Orthopsychiatry,*** **42(2):342-343, 1972.**

A paper presented at the 49th annual meeting of the American Orthopsychiatric Association is summarized, providing a discussion of the problems encountered during adolescence and the varying attitudes toward adolescent behavior held by adults. It is stressed that the concept of the adolescent and the significance of his behavior usually derives from the adult's view of the adolescent, which is handicapped by the tendency to look back on one's own adolescence rather than empathizing with the present. Adolescence is a stormy period, since major adustment realignments and adaptations need to be made. The most striking development is the maturing of the genital apparatus and the patterning of sexual behavior. Lust is a most powerful need and driving force. The problems of adolescence extend beyond sexual issues, for the adolescent must also begin to separate himself from his family dependencies and become a human being in his own right. It is a time of striving for independence and separation while still financially and emotionally dependent on the adult. It is therefore inevitable that conflict and parental distress accompany this age period. However, even the extremes of adolescent behavior cannot be viewed as abnormal or diseased until it is clear that such developments are ultimately maladaptive and destructive. In short, one would say that adolescence is not a crisis in one's development. nor an interruption of peaceful development, but a period of human growth that carries marked loads and heavy burdens and is thereby characterized by considerable distress and mental anguish. (Journal abstract modified)

797. **Sand, P.; Livingston, G.; and Wright, R.G. Psychological assessment of candidates for a haemodialysis program.** ***Annals of Internal Medicine,*** **64:602-610, 1966.**

Severe emotional reactions in certain patients plus limited treatment facilities and consequent selection problems place considerable urgency on the description of psychological characteristics in patients which affect adjustment to chronic hemodialysis. Findings suggest that variations in adjustment can be predicted at statistically significant levels from pretreatment psychological and psychiatric description of the patients. The most successfully adjusted patients appear to be differentiated from less adaptive patients by higher intelligence, less defensiveness, fewer somatic complaints, and more satisfactory emotional support from family members.

**798. Saposnek, Donald T. A developmental study of children's sensitivity to emotional expressiveness of adults. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-4634. (HC, $10; MF, $4).**

Children's sensitivity was studied in terms of threshold response in 120 ss aged 6 to 12 years. Ss were shown videotapes of marital interaction with varying intensities of affective expression, along with neutral control films, and asked to indicate when they first thought the actors began to feel different. Results showed that sensitivity threshold is not related to sex, age, intelligence, or accuracy in the recognition of emotions. However, low-sensitivity threshold has a curvilinear relationship with interpersonal competence. The results support the position that sensitivity to the feelings of others, when defined as threshold response, is qualitatively different from sensitivity defined as accuracy in affective recognition. A potentially useful theoretical distinction between three levels of sensitivity was made, termed reactive sensitivity, responsive sensitivity, and recognitive sensitivity. Methodological limitations of the present study are discussed and suggestions for further research are presented. (Journal abstract modified)

**799. Sarbin, Theodore R., and Jones, Donal S. Intra-personal factors in delinquency: A preliminary report. *The Nervous Child,* 11(1):23-27, 1955.**

Ecological factors in delinquency and psychopathology are reviewed. Five hypotheses bearing on delinquency are shown in tests with 41 delinquent boys from two institutions, that delinquent boys perform differently from non-delinquent boys on an Aircraft Range Test, the Bender Gestalt Test, the Dart Test, an Empathy Test, a Failure Tolerance Test, a Kinesthetic Aftereffect Test, the Macquarrie Test of Mechanical Aptitude, a Rod-and-Frame Test, the Street Gestalt Test, the Sears Howland Test, and a Steadiness Test. Hypotheses concerning inadequate tension binding, deficient ability to evaluate and predict their own performance, performance on tests requiring coordination with perceptual traces, slow and inaccurate performance on tests requiring difficult discriminations, and impulsive and variable response to conflicting or ambiguous cues all were confirmed or supported by the tests given the 41 delinquents. 14 references.

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**800. Sarvis, Mary A., and Garcia, Blanche. Etiological variables in autism. In: *Sourcebook in Abnormal Psychology*. Boston: Houghton Mifflin, 1967. pp. 446–455.**

The broadened use of the term "autism" in preference to the proposed substitution of "atypical development" is defended on grounds of present acceptance and relative specificity. It is hypothesized that the period when the mother is the primary object to the child, roughly from age 6 months to 3 years, is the vulnerable period for the development of autism. Autism is seen to merge with the merantic and anaclitic syndromes identified by Spitz and with symbiotic child psychosis or childhood schizophrenia. The paranoid reaction, deemed fundamental to autism, may be overcome by the child with symbiotic psychotic reaction. Any event punishing to the child, whether of external or internal origin, is likely to be perceived during this period as deriving from the mother, and to lead to the paranoid reaction. The paranoid rejection of the mother is termed "autistic reaction." The mother's reaction to the child's withdrawal may be influenced by the attitudes of other family members, as when the father deems the child defective and encourages the mother to give up her efforts to overcome the difficulty. If the mother actively resists the child's rejection and stresses continued affection, the autistic reaction may be reversed. A range of factors, including the mother's personality, her sense of guilt or innocence in regard to the illness, and her perception of her own and her child's futures, may be important in determining her reaction. Chronic autistic disease, which is less likely to be reversed, is the frequent outcome if the mother counterrejects or withdraws from the child. The institutionalized status of many autistic children makes etiological study difficult. Among family psychodynamic factors promoting autism are unconscious needs in parents and mothers who are unable to empathize with their children. Family events such as maternal depression, paternal compulsivity, marital difficulties and illness, not aimed at the child, may enable autism to occur. Some physical circumstances may promote autism, i.e., overstimulation. Assaults on the child, underactivity or overactivity of perceptual apparatus, or inborn deficiencies of the protective barrier may also enable autism to develop.

**801. Sasaki, Koji. What prevents changes in parents' attitudes: A case of a child exhibiting school refusal. *Ayumi* (Yokohama), 7:33–36, 1973.**

Adaptation of parental attitudes as a child grows and matures is discussed. Ignoring maturation causes problems for the child, which are often manifested as school refusal. Three case histories are included for illustration. In one, an eighth-grade girl who began skipping class in the sixth grade was regarded by her mother as lazy and the subject of several unsuccessful methods of persuasion. Counseling determined that a lack of parent-child communication was the issue. The strategy adopted was to let the child be, reducing tension between parent and child. In another case, a seventh-grade boy having tantrums whenever school was mentioned was ignored by his parents; as the violent outbursts continued, they changed their attitude from one of inaction to a clearly stated stand against his fits of violence, which ultimately resulted in the cessation of his outbursts. Aspects of these two opposing approaches are discussed.

**802. Sata, Lindbergh S., and Derbyshire, Robert L. Breaking the role barrier—A psychotherapeutic necessity. *Mental Hygiene*, 53(1):110-117, 1969.**

Man plays a multitude of roles simultaneously, each of which requires certain responsibilities and provides certain rewards. Based on socially expected beliefs and behaviors, roles help determine an individual's relationships with others. The facility with which roles can be changed assists social adaptation, but the multiplicity of roles inevitably produces role strain and role conflict. Roles also provide the means for coping with the physical environment by incorporating the "rules of the game," and defining the structure and function of groups, thus reducing uncertainties and anxieties. While a therapeutic group has a designated leader, the group structure and the roles of the members are ambiguous and produce anxiety. Early meetings of the group will be directed toward development of group structure as a means for the individuals to relate to each other; role and leadership conflicts will develop. Efficient group function can be achieved only when group members recognize the variety of defensive roles they occupy, conflicts are resolved, and communication achieves a level of meaningful reciprocity. 12 references.

**803. Sauras Alcaine, Agustin, and Barrero Barrios, Jesus. La adaptacion de los escolares a traves del cuestionario "rasgos de adaptacion" (R.D.A.). [Adaptation of school children measured by the adaptation traits questionnaire (R.D.A.).] *Revista de Psicologia General y Aplicada* (Madrid), 27(116-117):229-234, 1972.**

The purpose and organization of the RDA, the adaptation traits questionnaire (a measure of adaption to various social stresses and reality designed for adolescents), is examined. The purpose of the test is not only to collect facts but to give precise indications of them to educators. New instructions for marking sheets are also discussed. (Author abstract modified)

**804. Scarlett, George. Adolescent thinking and *The Diary of Anne Frank. Psychoanalytic Review,* 58(2):265-278, 1971.**

A number of passages from *The Diary of Anne Frank* are examined in an attempt to demonstrate the cognitive processes characteristic of adolescence, including egocentrism and the task of taking up adult roles. Some striking aspects in Anne's thinking include her concern for justice, insistence upon equal treatment and cooperation as the basis for interpersonal relations with both peers and adults, and future-oriented concerns. There appear in her language a blend of altruism and ambition which is related to another aspect of adolescent behavior—the occasional discovery of the fragility of personal theories and resulting castigation. In addition, a gulf between personal understanding and spoken explanation is evident. Some implications of these observations for better understanding of adolescent cognitive development are offered, stressing that adolescents' preoccupation with social justice, as well as their capability for thinking at a more sophisticated level, should be recognized by adults. 3 references.

**805. Scher, M. Occupational therapy: How treatment in activities of daily living (A.D.L.) can influence the mental health of the aged ill. In: Miller, L., ed. *4th International Congress of Social Psychiatry: Abstract of Papers.* Jersualem: AHVA Cooperative, 1972. p. 162.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, the role of occupational therapy in the mental health of the aged ill is discussed. Despite development in the geriatric and geronotological fields, many elderly persons are living in conditions of poverty, loneliness, and boredom. The general psychological problems of the aged person which threaten his existence, and his conflicts and basic needs, are outlined; the role of the elderly person in his family and community and their approach to him are discussed. Illness in old age is often accompanied by sight and hearing disorders and, as a result, pastime activities become more difficult. Eventually the patient becomes entirely dependent in activities of daily living. Living problems, interfamily relationships, and the difficulties of the aged are discussed. One of the major problems of the aged ill is that of total dependency. To encourage independence, it is first necessary to analyze the disability. It is important to evaluate the disability as a functional disorder and not as an anatomical one. This enables an understanding of the patient's difficulties in daily tasks. The role of the occupational therapist in treatment of the aged ill, with emphasis on that of daily activities (hygiene, eating, dressing, etc.) is described. Short term treatment in activities of daily living enables the patient to function within the family framework, and as a result the patient gains a new and significant role. (Author abstract modified)

**806. Schiff, Lawrence F., and Rockwood, David L. A long-term look at the treatment of a severely emotionally ill adolescent. *Psychiatric Opinion*, 9(1):37-42, 1972.**

A case report is presented of the long term treatment of a severely emotionally ill adolescent male. The patient had limited capacity and a poor prognosis for recovery. The realistic goal in such a case was not to effect a cure but rather to participate with the patient in his ongoing struggle toward continuing development. A wide variety of treatment modalities were brought into play including individual and family therapy, casework, inpatient treatment, a developmentally oriented milieu program, a halfway house, a rehabilitation work experience, and cooperative apartment setting. The patient's gains in the direction of interpersonal competency were visible and provided real gratification both to him and to his helpers. They were not irreversible, however, and they were maintained only through the continuing vigilance of his therapists. When he felt a lessening of support, his confidence in himself rapidly gave way. 2 references.

**807. Schmale, Arthur H., Jr. Ulcerative colitis as a paradigm of psychosomatic disease. *New England Journal of Medicine*, 282(12):690, 1970.**

In a letter to the editor, an article entitled "Illness Experience and Life Stresses in Patients with Irritable Colon and Ulcerative Colitis," which appeared in a previous issue, is discussed. It is asserted that the conclusions of this paper are not warranted by the data. The authors nowhere indicated that they were testing hypotheses and never explicated their assumptions as to what stresses they considered specific for ulcerative colitis. Their conclusion, therefore, that their study fails to support the thesis that ulcerative colitis is a paradigm of psychosomatic illness is not valid. Indeed, their results are consistent with a picture of ulcerative colitis in which its psychogenic nature is apparent. Life stresses for which the patient does not have the means to cope seem to make him more vulnerable to whatever predisposition to disease he may already have and to whatever pathogens are present in his environment at the time.

**808. Schmidbauer, W. *Kleine Psycho-therapie*. [Minor psychotherapy.] Planegg, Switzerland: Selecta, 1970.**

Physicians are given advice on how to cope with psychological stress in their patients. Current social issues are discussed in terms of their pathogenetic potential. Topics include the working mother, the emotionally neglected child, the pressures of a consumer society, and the revolution in sexual morality.

**809. Schonfeld, William A. The adolescent in contemporary American psychiatry. *International Journal of Psychiatry*, 5(6):470-478, 1968.**

Since the adaptive functions of one developmental stage become the internalized structures of the next, and adolescence is crucial in the epidemiological cycle of mental illness, this unique phase requires special treatment techniques and concentrated study for the general understanding of personality development. The sharp increase in the number of adolescents needing treatment has already been reflected in their extremely large numbers in outpatient and inpatient psychiatric facilities. This trend makes necessary the development of a wide range of community-oriented and residential treatment resources for them. In psychiatric hospitals and clinics, special units are recommended because of the particular characteristics and needs of adolescents. Only those with special interest and training in work with adolescents should treat them, but both child psychiatrists and general psychiatrists with additional training are qualified. A new subspeciality of adolescent psychiatry is not recommended. 20 references.

**810. Schonfield, David. Future commitments and successful aging: The random sample. *Journal of Gerontology*, 28(2): 189-196, 1973.**

The hypothesis that future commitments are associated with successful aging was tested. A random sample of 100 noninstitutionalized females over 65 years of age were interviewed. Future activity scores were based on the sum of the percentage of waking hours during the following 7 days preempted for appointments and for active usual day pursuits. The measure of success in aging combined present self-ratings with ratings for best year and ratings for older people in general on a variety of scales. A short personality inventory was also administered. Results show a significant correlation between future activities and success in aging. The most sensitive scales were happiness, health, challenging/boring activities, transportation, and usefulness. Of the personality attributes, neuroticism, rigidity, depression, and aggression constituted a major maladjustment factor, whereas introversion weighted heavily on a different factor. 43 references. (Author abstract modified)

**811. Schramm, Lothar. Arbeitstagung der Landesgemeinschaft fur Erziehungsberatung Baden-Wurttemberg vom Oktober 26-28, 1967 in Wiesneck. [Meeting of the Baden-Wurttemberg State Association for Educational Guidance from October 26-28, 1967 in Wiesneck.]** ***Praxis der Kinderpsychologie und Kinderpsychiatrie.*** **Wiesneck, Germany: 1968. pp. 107-108.**

Early forms and prophylaxis of neglect and ways of resocializing was the main theme of this conference. Theoretical considerations and case studies to clarify the concept of neglect were presented. Therapy ought to give the child an object to care for, such as an animal. A feeling of neglect can develop in any phase of life; for example, the climacteric. Work in the home for severely disturbed youth was described, where changes in the structure of personality are achieved through analytically oriented group therapy, especially the method developed in South America by Kemper. The group is addressed as a whole instead of individuals being discussed by the group. (Copyright 1968, American Psychological Association, Inc.)

**812. Schwartz, Donald. A non-hospital in a hospital.** ***American Journal of Public Health,*** **61(12):2376-2382, 1971.**

Preliminary data from the operation of a rather unusual type of psychiatric emergency program is presented. Patients were evaluated fully over a period of a few hours to several days; hospitalization was minimized. The emergency-admitting unit described provides a broad range of emergency response, from outpatient visits to 24-hour care. More detailed data are in process of collection and will be reported in the near future. 2 references. (Author abstract modified)

**813. Schwartz, Donald A. Therapeutic intervention in crisis. In: Frederick, C., ed.** ***The Future of Psychotherapy.*** **Boston: Little, Brown, 1969. pp. 297-315.**

Crisis intervention as a therapeutic approach is discussed in terms of the nature of crisis; the consequences of crisis; the rationale of crisis intervention; and intervention techniques, their limitations, disadvantages, and relation to mental health consultation. Community mental health is now fashionable, and psychiatrists, clinical psychologists, and psychiatric social workers are hastening to endorse it. In short, community mental health appears to be everybody's business. Crisis intervention is one aspect of the community mental health concept, one new way of providing psychotherapy in circumstances that, because of expanded ideas of entitlement to and demands for psychiatric care, make the old ways of providing psychotherapy unable to keep pace. Crisis intervention will have an important part in any future mental health programs because awareness of its potential as a brief service is increasing.

**814. Scott, Ralph. Head start before home start?** ***Merrill-Palmer Quarterly,*** **13(4):317-321, 1967.**

Providing very young deprived children with meaningful play activities at home may help resolve the dilemma created by the large number of children who need to obtain motivational and educational enrichment before engaging in group experiences outside of their homes. Compensatory education programs have yielded disappointing results and underscore the difficulty of reaching young disadvantaged children prior to early critical stages of learning. Early nonverbal play can stimulate growth in areas of cognitive development without the guidance of a verbal adult (often absent in the deprived home). The suggested program would share common objectives with compensatory programs; however, it emphasizes play by providing materials in the home that would utilize the child's unblunted cognitive needs, natural curiosity, and inclination to learn. Classification and seriation tasks, both of which cluster separately in the factor analysis of young children, offer examples of early training methods. The behavior of a 17-month-old child with a seriating toy is cited to indicate the development of motivational and cognitive aspects of problem solving. 13 references.

**815. Sears, Robert R. Relation of early socialization experiences to aggression in middle childhood.** ***Journal of Abnormal and Social Psychology,*** **63(3):466-492, 1961.**

A followup sample of 76 boys and 84 girls from an original population of 202 boys and 177 girls was given a set of self-administering aggression scales at age 12. Intersex comparisons showed significantly higher scores for girls on aggression anxiety and prosocial aggression, and for boys on antisocial aggression. Among the aggression measures, antisocial aggression was negatively correlated with both prosocial aggression and aggression anxiety, and had virtually zero relation to projected and self-aggression. These latter, however, were significantly related positively to aggression anxiety. Antecedents of these age-12 scores were sought among the ratings of the mother interviews that had been obtained when the children were in kindergarten (age 5).

Antisocial aggression was found to be positively related to high permissiveness and low punishment. The former of these two effects was the same as that with respect to aggression in the home at age 5 (rated from mother interviews); the latter effect was just the opposite from that found at age 5. Prosocial aggression and aggression anxiety likewise were found to be associated with high permissiveness, but in these instances high punishment was related to the two aggression measures. An important sex difference was found in the antecedents for aggression anxiety. In boys, this anxiety appears to be a part of a general pattern of rapid socialization and high conformity in a love-oriented atmosphere of tight control of aggression. In girls, such anxiety appears to be conflict induced by an internalized conflict derived from socialization experiences that exacerbate their aggressive activities because the preponderant training is antithetical to appropriate feminine sex-typing. Self-aggression in boys was found to be strongest in those who had suffered the most severe frustration and the most severe control of outward directed aggression in their early years. Early successful restriction of aggressive behavior, as in severe toilet training with early success and in low expressions of aggression toward parents and siblings, was also conducive to high self-aggression. 22 references. (Author abstract modified)

**816. Seggie, J.L. The utilization by children and adults of binary propositional thinking in concept learning. *Journal of Experimental Child Psychology,* 10(2):235-247, 1970.**

An analysis of conjunctive concepts based on two binary stimulus dimensions reveals that the relationship between the individual relevant stimuli and classification is one of implication. In the case of irrelevant dimensions a tautologous relationship exists. An experiment was designed to test Piaget's contention that adult ss can utilize such relationships in problem solving, while children have difficulty in this area. Two groups of children and two groups of adults learned a conjunctive concept. Prior to concept learning half of the ss were given the opportunity to establish the logical relationships which existed between the individual dimensions and the classification. These ss learned the concept with significantly fewer errors than the remaining ss. The adults were relatively more efficient in the utilization of the logical relationships than the children. During the preconcept learning period, interesting differences appeared in the search strategy of adult and child ss, differences not encompassed by Piagetian theory. 9 references. (Author abstract)

**817. Seiden, Richard H. The problem of suicide on college campuses.** ***Journal of School Health,*** **41(5):243-248, 1971.**

Suicide among college students is reviewed in a survey of recent studies. Suicide occurs more frequently among students than among their nonstudent peers, and the suicidal student can be differentiated from his classmates on the basis of several variables. The suicidal group is older and contains more graduates and foreign students, and language majors give more indications of emotional disturbance. Relevant characteristics of the college suicide are discussed in terms of social isolation (a predominant psychodynamic associated with suicidal behavior), prior psychiatric history, drugs, academic achievement, parental influences, campus characteristics, and academic competition. Crisis intervention, recommendations for prevention, and measures to be taken after a suicidal crisis are also discussed. 15 references.

**818. Selosse, J.; Mazerol, M. T.; and Jacquey, M. Reflexions a propos d'une recherche sur la reeducation des adolescents delinquants. [Reflections regarding a study on the reeducation of delinquent adolescents.]** ***Bulletin de Psychologie,*** **20:10-15, 1967. pp. 897-904.**

The report analyzed a previous study of delinquent adolescents in two institutions, considering the reeducation process of each s with regard to behavior and personality changes in a 2-year period. Reeducation had a sociocultural orientation in which educator-student and student-student interrelations assumed a significant therapeutic role. Students were tested upon admission and departure from the institutions with the Wechsler-Bellevue, the Rorschach, the Village de Mabille test, and extensive interviews. The role of the educator in the group and in individual situations, and the adaptation problems particular to delinquent adolescents are clarified. (Copyright 1968, American Psychological Association, Inc.)

**819. Selye, Hans. Further thoughts on "stress without distress."** ***Resident & Staff Physician,*** **23(4):124-127, 131-134, 139-140, 1977.**

A theory of biological stress and its treatment is presented in which the response to biological stress is defined as either systemic (general adaptation syndrome) or specific (local adaptation syndrome), and in which the goal is changing distress, or pathogenic response, to eustress, or healthy response, by either hormone treatment or by the philosophical outlook of altruistic egoism. Body stress diseases are those in which the nonspecific stressor effects of the eliciting pathogen play a minor role. They are due to a constellation of pathogens rather than to any particular one. Research is needed on the chemical nature of the first mediator or biological stress input. Research on the adaptive hormone reaction or tendency toward homeostasis concerns both syntoxic steroids and the nonspecific catatoxic steroids: They are produced by the organism as a natural defense mechanism and can also be administered. The concept of altruistic egoism as a law of behavior is represented by the modification of the golden rule to "earn thy neighbor's love." 12 references.

**820. Selye, H. Forty years of stress research: Principal remaining problems and misconceptions. *Canadian Medical Association Journal* (Ottawa), 115(1):53-56, 1976.**

A review is presented of the main problems and misconceptions in the clinical application and theoretic evaluation of the stress concept which reveals that the same 10 problems appear to cause the greatest difficulties in application, irrespective of the specialty in which it is used. The problems concern: (1) the correct definition of stress, stressors, and the general adaptation syndrome; (2) the concept of nonspecificity in biology and medicine; (3) the conditioning of stress responses by diverse endogenous (mainly genetically determined) and exogenous (environmental) factors; (4) the relation between the general and the local adaptation syndromes; (5) the difference between direct and indirect pathogens; (6) the definition of the morbid lesions in whose pathogenesis stress plays a particularly prominent role—the so-called diseases of adaptation; (7) the role of genetics versus that of factors under voluntary self-control in mastering biologic stress; (8) the mode of action of syntoxic and catatoxic hormones, drugs, and behavioral attitudes; (9) the so-called first mediator of the stress response, which carries the message that a state of stress exists from the directly affected area to the neurohormonal regulatory centers; and (10) the prophylaxis and treatment of stress-induced damage by pharmacologic and behavioral techniques. 6 references. (Author abstract modified)

**821. Selye, Hans. Le stress sans detresse. [Stress without distress.] *Vie Medicale au Canada Francais* (Quebec), 4(8):964-968, 1975.**

The effects of stress on human physiology and behavior are discussed, and ways of coping with stress are proposed. Various hormonal disturbances can produce "adaptational illnesses" which are not directly caused by a pathogenic agent, but indirectly by a poor adaptive response to the effect of stress produced by a pathogenic agent. It is suggested that each person find his natural level of stress. The only philosophy which necessarily transforms all aggressive egoistic drives without decreasing any of the advantages of self-protection is altruistic egoism, which involves the accumulation of good will, respect, esteem, and love of one's fellow men. This is the most effective means of liberating accumulated energy.

**822. Senn, Milton J. E., and Solnit, Albert J. Therapeutic management. In: *Problems in Child Behavior and Development.* Philadelphia: Lea & Febiger, 1968. pp. 177-201.**

A discussion of the therapeutic management of childhood and infancy illness is given with an emphasis on the need to consider the organism as a whole and in an environment. Common errors identified include delay, rush, or foreshortening of interviews, failure to locate the source of the problem, failure to identify the primary problem, incomplete data collection, and superficial interpretation. Narrow etiological views, faulty communication, unrealistic goals, loss of objectivity, failure of empathy, moralism and authoritarianism, lack of knowledge, failure of discrimination, substitution of theory for practice, failure to realize limits, and failure to prepare for referral are other problem areas noted. Discussion is offered of individual help, with attention to ventilation, reassurance, advice, support, insight, and clarification. The use and technique of group meetings of various types are discussed. Family unit counseling is reviewed. Genetic counseling is considered. Diagnostic and therapeutic uses of play are reviewed. Pharmacological problems are considered.

**823. Serban, George. *Psychopathology of Human Adaptation.* New York: Plenum, 1976.**

Based on neurophysiological and clinical data on stress and the general adaptation syndrome, a diversity of biological and psychological and normal and abnormal reactions to stress are examined. Neurophysiological mechanisms of adaptive behavior, including the role of learning in physiological response, constitutional differences in physiological adaptations, the role of motivation, mood and mental events, and stereotyped behavior and stress are investigated. Biochemical responses to psychological stressors are discussed, and possibilities for modification of maladaptive responses to stress are explored. A theory of power stresses which may lead to physical illness and therapeutic techniques for the management of the negative effects of these stressors is presented. The role of behavior modification therapy in the management of psychopathology is reviewed. A critical evaluation of the research on human adaptation to stress is also included.

**824. Settlage, Calvin F. Adolescence and social change.** ***Journal of the American Academy of Child Psychiatry,*** **9(2):203-215, 1970.**

The adolescent is discussed in relation to society. Reasons for adolescent "unrest" must consider not only the health or sickness of the adolescent as an individual, but the condition of the society in which he finds himself. In any environment, adolescence is a time of great internal psychological disturbance and, as a result, the assessment of normality or pathology is particularly difficult. Added to this, the interface between the adolescent and adult generations is an important nodal point for cultural change. Although the adolescent may not have ready solutions for social problems, his capacity for observing the social scene is unique and different from either that of the child or the adult. This may in itself give rise to conflict; being halfway, some young adolescents seek to insulate themselves against the worlds of both external and internal reality by unconsciously trying to remain the dependent, latency child. They present the appearance of nice, conforming, unaggressive, asexual children, immature for their age. To minimize tendencies toward such insulation, consideration should be given to providing social structures for more adequate and continuous communication between adult and adolescent generations. 4 references.

**825. Shannon, Phillip D. Work adjustment and the adolescent soldier.** ***American Journal of Occupational Therapy,*** **24(2):111-115, 1970.**

A study, based on a selected review of the literature, proposes the hypothesis that in the military environment, occupational therapy can program the adolescent soldier for improved work adjustment by using a field approach. Included among the tasks of adolescent development are emancipation from parents, adjustment to military service, choosing a mate, achieving maturity, searching for identity, and choosing an occupation. While work is central in adult life, sleep and play are also important activities of daily living. How people play provides a clue to their level of maturity, their individual identity, and their life plan. Psychiatric hospitalization contributes to the decay of work and play skills. Not only does hospitalization impede the soldier's career pattern and encourage sick role identifications, but it also encourages his disqualification from participation in military duty. A field approach to work performance difficulties can contribute to maintaining combat effectiveness. In addition to reducing the frequency of psychiatric hospitalizations, this approach has cut the number of medical discharges. When work and play capacities fail to

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develop or there is a disturbance in the work-play relationship, occupational therapy is particularly relevant. Since occupational therapy begins with play and ends in work, programming for work through play is indicated. 55 references.

**826. Shatan, Chaim F. Soldiers in mourning (Vietnam veterans self-help groups: The "post-Vietnam syndrome").** ***American Journal of Orthopsychiatry,*** **42(2):300-301, 1972.**

A digest of a paper presented at the 49th annual meeting of the American Orthopsychiatric Association provides a description of psychiatric problems suffered by Vietnam veterans and the self-help groups they have organized to reveal their commonly shared concerns. Loosely referred to as the "post-Vietnam syndrome" (PVS), the basic characteristics are guilt feelings for the victims of both sides, a feeling of being a scapegoat, some feelings of identification with the aggressor, a sense of combat brutalization, and alienation from feelings and people. The most poignant feature is anguished doubt about their continued ability to love and trust other human beings again and to accept affection. It is stressed that such emotional disturbances are the result of frustrated mourning and impacted grief. Veterans need to work through their unconsummated grief, and only a counter-Veterans Administration approach (self-help groups, storefront clinics, and relevant social action) can provide an appropriate atmosphere in which veterans can confront their failure to mourn. (Journal abstract modified)

**827. Shea, Michael James. A followup study into adulthood of adolescent psychiatric patients in relation to internalizing and externalizing symptoms, MMPI configurations, social competence, and life history variables. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-32315. (HC, $10; MF, $4).**

A followup study into adulthood of adolescent psychiatric patients was made in relation to internalizing and externalizing symptoms, Minnesota Multiphasic Personality Inventory (MMPI) configurations, social competence, and life history variables. Two types of patients were classified as evidencing internalizing (turning against the self) or externalizing (turning against others) symptom patterns. In addition, a control group of former adolescent medical patients who had been previously referred for psychiatric disorder or difficulties with the law was used. All ss were interviewed at followup and given the MMPI; objective information was also obtained from community organizations and the military. An adaptation of the social competence rating was applied

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to all ss at outcome and adequacy of peer relationships in adolescence and adulthood was rated using a number of objective criteria. The three male and female groups differed on a number of these measures. The general pattern of adjustment at all age periods decreased from controls to internalizers to externalizers. There were also differences between the sexes in type of problems and level of adjustment. Externalizing ss of both sexes were at a disadvantage in many aspects of their lives in spite of the fact that they were matched on many variables including intelligence, social class, and intactness of the family. The internalizing and control ss were similar in many ways at outcome, although the former were more likely to have emotional problems in adulthood. (Journal abstract modified)

**828. Sheran, Tamara Jean. The effects of advisement and reflection on the resolution of recalled conflict. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-23790. (HC, $10; MF, $4).**

The effects of advisement and reflection on the resolution of recalled conflict were studied in a group of female college students. It was hypothesized that the reflection of feelings administered by an experimenter therapist would be more effective in modifying feelings, attitudes, and behaviors associated with ss' recalled interpersonal conflicts than either the giving of advisement responses or a control activity. It was also hypothesized that ss receiving reflection would hold more positive perceptions of the experimenter therapists and the experiment than ss receiving advisement. Also examined were the effects of Gendlin's focusing scale which assesses one's ability to tune into his experiential life. Based upon rank ordering of the means of the various outcome measures and on ss' responses on an open-ended questionnaire, reflection and advisement led to more conflict resolution than the control activity. Contrary to the hypotheses, reflection was not more effective than advisement in facilitating conflict resolution. There were, however, some differential effects. Focusing did not, as predicted, interact with the treatment conditions. (Journal abstract modified)

**829. Shields, Leona. Family crisis intervention. *Journal of Psychiatric Nursing and Mental Health Services,* 7(5):222-225, 1969.**

A review of the theory that underlies crisis intervention is presented, including the importance of family crisis therapy. Rapaport indicates that a crisis is produced by three interrelated circumstances: A hazardous event poses a threat; a threat to instinctual needs is symbolically linked to earlier threats that resulted in vulnerability or conflict; and there is an inability to respond with adequate coping mechanisms. There are four steps in crisis resolution: assessment of the problem; a plan of therapeutic intervention; intervention therapy; and anticipatory planning for the possibility of a future crisis. The family therapy program at the Benjamin Rush Center is described, and a case study is presented. 16 references.

**830. Shore, Milton F., and Massimo, Joseph L. The chronic delinquent during adolescence: A new opportunity for intervention. In: Caplan, G., ed. *Adolescence: Psychosocial Perspectives.* New York: Basic Books, 1961. pp. 335-342.**

A new philosophy for intervention with the chronic adolescent delinquent is described and defined as the crisis model. This is a set of ideas concerned with personality development through successive phases ushered in by periods of psychological upset, in which attention is focused on personal changes during the crises that are thought to have a significant effect on the adolescent's subsequent adjustment. It appears that during this short period, the individual is more open and susceptible to influence than during more stable situations. This model is specifically used in guiding treatment and rehabilitation of chronically disordered patients. In this situation, emphasis is placed on intervening with boys from lower socioeconomic groups to aid them in obtaining employment following dismissal from correctional institutions. Subsequently therapists make themselves readily available to aid in any emerging crises whether in the area of job training or in adjusting to the demands of the work situation. 15 references. (Journal abstract modified)

**831. Short, M. J., and Wilson, W. P. Roles of denial in chronic hemodialysis. *Archives of General Psychiatry,* 20(4):433-437, 1969.**

To say the least, chronic hemodialysis is a problematic therapeutic endeavor. Repeated dialysis does substitute for diseased kidneys but at the present level of development, dialysis does so only to a limited degree. The variety of metabolic complications occurring in dialysis patients attests to the fact that this approach to chronic renal failure is only an acceptable substitute of normal kidney function. Inherent in the dialysis program are many unusual demands placed upon the patient, family, community, and dialysis team. Often, a convenient and expeditious response to these problems is denial. When this occurs in the dialysand, it may serve as an effective mental mechanism helping him to cope with a

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continuing unsatisfactory situation. Denial is ineffective for the family and community and inappropriate for the nurses and physicians responsible for the care of the dialysand. 5 references. (Author abstract)

**832. Shure, Myrna B.; Spivack, George; and Jaeger, Marianne. Problem-solving thinking and adjustment among disadvantaged preschool children. *Child Development,* 42(6): 1791-1803, 1971.**

The relationship between school behavior adjustment of 4-year-old disadvantaged children and real life problem-solving thinking was studied. The latter includes 3 parameters of thought—conceptualization of solutions to typical peer and authority problems, consequential thinking, and causal thinking. Resulting data show that the ability to conceptualize alternative solutions to problems was the only parameter directly related to teacher-rated judgments of classroom behavior but that all three parameters were significantly interrelated. Implications are that increasing a child's ability to think in terms of alternative solutions to real life problems could supplement a primary preventive mental health program. 13 references. (Author abstract)

**833. Sidle, A.; Moos, R.; Adams, J.; and Cady, P. Development of a coping scale. *Archives of General Psychiatry,* 20(2): 226-232, 1969.**

To develop a relatively structured, easily scorable scale for assessment of coping strategies, a two-part test was administered to 60 college students. In the first part each subject was asked to list all possible strategies which he might use in coping with three problem situations, which were presented in story form. In the second part, a uniform list of 10 strategies, derived from the literature, was applied to the same stories. Each subject rated the strategies on a seven-point scale in terms of the likelihood of his using each approach. Analysis of the results indicated that the 10 strategies represented relatively independent ways of coping. Sex differences in coping styles were found. Pencil and paper tests proved capable of eliciting information about less socially approved ways of coping. The differences between the free-response items and the ratings were sufficient to suggest that both should be used in predicting coping behavior. Analysis of variance revealed individual tendencies to use certain strategies more than others, suggesting that assessment of the individual's milieu may be important in prediction as well as the individual himself. 24 references.

**834. Sieber-Suppes, Joan; Katz, Victoria; and Traviss, Mary P. Effects of problem difficulty and role relevance on the role playing of interrole conflict problems.** ***Developmental Psychology,*** **8(3):394-395, 1973.**

The measurement of role-playing skills and the type of roles played by children were studied in 32 male and 32 female fifth graders of lower-class and middle-class backgrounds, having no previous role-playing experience. Four kinds of interrole conflict problems were created, a role-playing behavior coding system was devised, and the role-playing behavior of 64 children was studied. Interrater coding reliability for six categories of behavior was between 84 percent and 100 percent. Task difficulty, role relevance, IQ, and socioeconomic class affected both behavior and preference. Children subjectively adjusted task difficulty levels, presumably to match their level of problem-solving competence. (Author abstract modified)

**835. Siegel, Claire Lynn Fleet. Changes in play therapy behaviors over time as a function of differing levels of therapist-offered conditions.** ***Journal of Clinical Psychology,*** **28(2):234-235, 1972.**

Sixteen children diagnosed as having learning disabilities were seen by the same therapist for 16 play therapy sessions. The four children who received the highest levels of therapist-communicated conditions (accurate empathy, unconditional positive regard, and genuineness) were compared with the four children who received the lowest levels of the above conditions on the Borke Process Scale of play therapy at four different points in time of therapy. Statistically significant behavior changes occurred over time in play therapy as a function of differing levels of therapist-communicated conditions. High-conditions children increasingly made more insightful statements and positive statements about themselves than did low-conditions children. The occurrence of a modeling effect was hypothesized. 2 references. (Author abstract modified)

**836. Siegel, Jerome M., and Mayfield, Roxie. Internal-external control and anxiety following success and failure.** ***Psychological Reports,*** **32(3):1189-1190, 1973.**

Self-reported anxiety in internals and externals after failure or success on an experimental task was studied. Fifty-six male undergraduates were classified as either internal or external on the basis of scores on the locus of control scale. Both success groups (internal and external) compared to the two failure groups were more confident of doing well on the third sequence of trials and were more satisfied with their performance. Results indicated that externals who had failed were lower in anxiety than internals who had succeeded. It is suggested that externals do not take responsibility for their failures but attribute failure to causes outside themselves and, on this basis, devalue failure experiences. The findings are discussed within the framework of a social learning theory of anxiety. 7 references.

**837. Siegelman, Ellen; Block, Jack; Block, Jeanne; and Von der Lippe, Anna. Antecedents of optimal psychological adjustment. *Journal of Consulting and Clinical Psychology,* 35(3):283-289, 1970.**

An empirical contribution is made from a major set of longitudinal studies, towards developing understanding of the antecedents of psychological health. The 171 adults in the Oakland Growth Study and the Berkeley Guidance Study were described by means of the California QQ-Set. These empirical descriptions were compared with an independent hypothetical Q-description of the optimally adjusted personality. A number of measures were analyzed to identify the antecedent circumstances that differentiated the 48 high-optimal adjustment from the 50 low-optimal adjustment adults of both sexes. Although obtained by different techniques and at widely different times, the findings unequivocally indicated healthy, democratic, value-oriented homes among high-optimal adjustment ss. Good adult adjustment was associated with a cognitively competent and integrated mother. Poor adult adjustment was associated with a neurotic, anxious mother for both boys and girls, and additionally with a neurotic father for girls. 12 references. (Author abstract modified)

**838. Signell, Karen A., and Scott, Patricia A. Mental health consultation: An interaction model. *Community Mental Health Journal,* 7(4):288-302, 1971.**

A systematic exposition of the theoretical bases for consultation as it is practiced today in community mental health centers is presented. The model originates from the needs of consultees to adapt to new roles and to meet grassroots pressure. It builds upon the earlier consultation models of Caplan and Berlin and their intention that consultation have far-reaching consequences. It has strong roots in the public health tradition of primary prevention. Processes consistent with the model focus on relationship, self-disclosure, and role modeling to effect change in other systems. Examples of payoff for consultees and their systems are presented. 10 references. (Author abstract modified)

**839. Signell, Karen A. Kindergarten entry: A preventive approach to community mental health. *Community Mental Health Journal,* 8(1):60-70, 1972.**

Small group discussions with parents at kindergarten entry time are presented as a model of preventive mental health for a transient and apathetic middle-class suburbia. The aim was education for a population, not screening. The group discussion process was crisis focused, not pathology centered. Clinical techniques are presented for providing anticipatory guidance and resolution of separation reactions. The program also explored developing the natural resource of experienced mothers in the community for crisis intervention. 3 references. (Author abstract)

**840. Silbergeld, S., and Manderscheid, R. W. Comparative assessment of a coping model for school adolescents. *Journal of School Psychology,* 14(4): 1976.**

Four brief, interpersonal coping courses were conducted in a junior high school setting for early adolescent students who volunteered for the experience. Two of the classes (N = 24) consisted of students who regularly utilized school guidance personnel; the remaining two classes (N = 19) consisted of adolescents from the general school population. Course objectives included higher self-esteem and increased ability to perceive, interpret, and express nonverbal communication and feeling. Session tape recordings provided verbal data for analysis by the Hill Interaction Matrix (HIM) procedure. Results showed that the intervention had significant impact on students' patterns of interaction: interactions were fewer, but longer; conventional interactions decreased, while speculative ones increased; and personal and relationship content increased. Generally, the two class types exhibited similar patterns and changes, although some specific differences were detected. Social class background, stressful life events, and the intensity of the problems experienced by the two types of students were postulated as the sources of this variability. When coupled with ancillary postcourse data, these results support the conclusion that students' interpersonal coping skills were improved by the experience.

**841. Silberman, David. The effect of different emphases in instructional programs upon measures of body image, self-concept, and adjustment in mentally retarded adolescents. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-19629. (HC, $10; MF, $4).**

The effects of two special instructional programs were studied, one emphasizing physical training and body development and the other development of social competence, on self-concept, adjustment, and body image in a group of mentally retarded adolescents. Two experimental groups underwent, respectively, the two instructional programs over a 6-week period, and two control groups were formed for comparative purposes. Statistical analyses of the resulting scores on several instruments measuring the factors under study indicate that: (1) No body image measure showed greater preinstructional and postinstructional change for the experimental group. (2) Only one self-concept measure (feelings of personal worth) showed greater improvement. (3) Three of four social adjustment rating measures showed significantly greater improvement. (4) The experimental group undergoing the physically oriented instructional program showed more improvement than the social competence group in a finger-pointing apposition test and in self-attitude toward physical appearance. (5) Statistical analysis produced no clustering of the measures chosen as body image measures sufficient to justify a concept of body image as a unified integrated construct. (6) The three social adjustment rating scales showed significant degrees of relationship and factor analysis clustering. (7) Two types of self-concept measure used showed negligible relationship with each other and load on different factors. (8) Human figure drawing scorings for intelligence, body articulation, and ego development correlated highly with each other. (9) Intelligence appears to be an influential factor in practically all the test and rating measures used. (Journal abstract modified)

**842. Simko, A. Zur psychopathologie des tranquilizer-abusus. [Psychopathology of tranquilizer abuse.] *Alcoholism* (Zagreb), 6(1):7-10, 1970.**

Habituation, withdrawal, and abstention problems and effect on personality resulting from prolonged treatment with tranquilizers are discussed, in particular, such character modifications as inauthentic adaptation, fixed posturing, and a lowering of the frustration threshold. In contrast to the user of opiates, who is interested primarily in an ecstatic separation from reality, the tranquilizer addict merely wants to be rid of discomfort. Asthenics are particularly prone to abuse depressants. Mental tension states signal a situation with which the patient cannot cope; the neutralization of such physiological tensions with the aid of drugs may have deleterious consequences for the individual and society. A sample of 356 patients treated for 3 months because of neurotic functional or depressive anxiety complaints developed an addiction rate of 11 percent. 9 references. (Author abstract modified)

**843. Simmons, Roberta S., and Simmons, Richard L. Organ-transplantation: A societal problem. *Social Problems*, 19(1): 36-57, 1971.**

As a new medical technology, organ transplantation has created unanticipated adjustment problems for the Government, the general public, medical organization, the patient, and his family. Some of these problems are specified, with a focus on kidney transplantation. Several mechanisms seem to prevent suitable patients dying from kidney disease from being treated at a transplant or dialysis center. Lags in communication between local and university physicians, limitation in number of transplant centers, and severe national financial shortages prevent many patients from being treated. Arbitrary factors such as state of origin or socioeconomic status restrict many patients from being able to receive financial help or to afford these expensive therapies. Normative uncertainties related to the donorship of organs also increase the stress of this therapy for physicians, patients, and their families. 63 references. (Journal abstract modified)

**844. Singh, Ram Naresh. Adolescence. *Social Welfare,* 16(3): 2-3, 26, 1969.**

The problems of adolescence have to be viewed both from the transitional crisis of the child and, more importantly, from the sociocultural setting influencing his capacity to deal with that crisis. The adolescent's primary task is to build a sense of ego identity. Rapid physiological changes and loosened social controls, however, fill his life with new stresses leading to a superego crisis that complicates his efforts at finding his place in society. His new sexual drives cause a disintegration between the id and the ego, so he often acts impulsively and is full of contradictions. Forcible or confused family handling of the situation only deprives the adolescent of the family as a source of security, and he is forced to seek this from his peer group or society at large. In India, however, the cultural setting alleviates some of these problems. The joint or extended family still prevails there, providing a wide net of family relationships and areas of support. The assumption of adult status is not rushed, whereas in the West independence is overemphasized. The sister-in-law in the Indian family provides an unmatched heterosexual friendship with frank discussion of sex free of the turmoils of a dating relationship. Sex in India is closely tied to marriage and both are sacred, so same sex friendships are prolonged. Although India is economically underdeveloped, prevailing cultural variables make it much easier for the adolescent to develop his potential than in the West where he is left alone to cope with his problems and so turns rebellious and antisocial.

**845. Singh, Udai Pratap. Movement from one's own position towards a group norm as a function of intellect. *Psychological Studies,* 14(2):88-93, 1969.**

An attempt is made to establish a correlation between conformity of individuals to group norms and intelligence, and to determine differences between conformists and independents. The results of several other independent studies are mentioned, and the meaning in the social context of intelligence is discussed. It is contended that in stressful situations, intelligent persons tend to select their own methods of coping, while persons not so well endowed will follow group norms, display little or no originality, and seek to relieve anxiety by adherence to group precepts. Two hundred students, half of them male, between the ages of 17 to 25 years, were selected from the student body of Bhagalpur University in India. The Hindi version of Bernberg's Human Relation Inventory was used to measure the conformity of the subjects. To determine the necessary estimate of intelligence, the Wechsler Adult Intelligence Scale was used in both its parts. The scores were subjected to statistical analysis, and on the basis of this analysis it was concluded that a significant negative inverse relationship exists between conformity and intelligence—about -0.36. This value compares favorably with results obtained by Lucito and Crutchfield, but not Samuelson, who found no correlation between these variables. 16 references.

**846. Skelton, W. Douglas; Hendry, Charles H.; Kinzel, Augustus F.; and Miller, Warren B. Stress and coping in prison. In: *U.S. Bureau of Prisons, a Handbook of Correctional Psychiatry*. Vol. 1. Washington, D.C.: U.S. Bureau of Prisons, 1968. pp. 1-10.**

The section identifies stresses and describes coping responses observed in a prison setting. Many of these are peculiar to the special interaction between inmate and institution. Others are a product of circumstances that may exist either within or outside an institution. Stress is a global term that includes all aspects of a conflict situation, whether internal or external in origin. The resultant anxiety or subjective feeling of discomfort is the prime target of coping. There appear to be two major aspects of coping. One is externally directed and judged for its effectiveness in social terms, such as the inmate's ability to tolerate the stresses of the incarceration and work effectively toward his release. The other is internally directed or defensive, serving to protect the inmate from disruptive degrees of anxiety and judged for adequacy by the degree of resulting comfort. Behavior may be quite effective in terms of internal comfort but highly maladaptive in the social context, e.g., when it leads to arrest and confinement. The major stages in the stress and coping behavior in prison, which include the initial phase of incarceration, the middle phase of incarceration, segregation as a coping device, coping with affective states, and the terminal phase of incarceration are discussed. The section serves as a general introduction to the psychological problems of incarceration as they manifest themselves from the initial days of confinement to the period just prior to release. 2 references.

**847. Slavin, Jane R. A case history: Crisis intervention techniques. *Attitude*, 1(5):18-19, 1970.**

Crisis intervention techniques are illustrated by describing a case history recorded at the Cornell program in social psychiatry. The patient, a 21-year-old single girl, was under treatment for 1 year for a variety of psychotic symptoms that prevented formation of a satisfactory self-concept and threatened to result in suicide. The successful course of treatment for the condition is described, and a brief description of the method of operation at the clinic is given.

**848. Sloane, R. Bruce. *Abortion: Changing Views and Practice*. New York: Grune and Stratton, 1971.**

Sixteen papers are presented by authors in the fields of mental health, law, obstetrics, genetics, biostatistics, and Catholicism. Some are dated due to subsequent changes in the law with regard to abortion. Much of the book is taken from reprints of the August 1970 Seminars in Psychiatry. Several papers show that physicians, who control access to safe abortion, often empathize more with an innocent fetus than with a distraught woman or her post-innocent children. Mildred Beck gives the one female statement in the collection with her contribution, "The Mental Health Consequences of Unwantedness." Other significant contributors are N. Simon on psychological indications, D. Goldberg on socioeconomic aspects, Nadler on genetics, and Tietze on public health.

**849. Smahel, I. Faktor neuroticnosti a adaptace k povolani. [The neurotic factor and occupational adaptation.] *Prakticky Lekar* (Praha), 49(16):623-625, 1969.**

The frustration of basic human needs induces psychic stress, resulting in defects of adaptation. A neurosis is thus manifested as a defect in adaptation to the external and the internal environment. The mass occurrence of neurosis among the population is caused by genetic and environmental influences. Even substitute adaptation mechanisms in the form of intellectual function can fail where long term or permanent adaptation is called for, such as in marriage or in jobs. Emotionally unstable individuals perform less satisfactorily in both the motor and the psychic spheres than emotionally stable individuals of equal intelligence. Emotional instability is reflected in an instability of will, motive, interest, and attitude. The habit-forming ability of neurotics is low and their interest in their occupations must constantly be strengthened. Emotional instability implies lessened social adaptability and thus difficulties arise in communication with coworkers, which in turn adversely affects performance. 8 references. (Author abstract modified)

**850. Smith, Laurence C., Jr., and Phillips, Leslie. Social effectiveness and developmental level in adolescence. *Journal of Personality,* 27(2):239-249, 1959.**

The hypothesis was tested in 61 adolescent males that there would be a relationship between social adaptation and developmental level of perceptual-cognitive functioning. The subjects were divided into three age groups: 17 aged 11 and 12; 26 aged 13 through 15; and 18 aged 16 through 18. They were administered the Vineland Social Maturity Scale, the Rorschach, and the Stanford-Binet Vocabulary Tests. In the 11- and 12-year group, high social maturity was found to be related to the absence of developmentally low Rorschach scores but was not significantly related to developmentally high Rorschach scores. In the 13- through 15-year group, there were no significant relationships between social maturity and Rorschach indices. In the 16- through 18-year group, the level of social maturity was positively related to the more mature, highly integrated Rorschach indices. There was also a relationship between high social effectiveness and the presence of an index of primitive thought, a measure of low developmental level. The hypothesis was confirmed, but the relationship changed with age. It was concluded that the significance of developmentally early psychological functioning depends upon the context in which it occurs. Depending on the presence or absence of developmentally high Rorschach scores, primitive functioning may be associated with high or low level of social effectiveness. (24 references)

**851. Smith, M. Brewster. Competence and socialization. In: Clausen, J., ed. *Socialization and Society.* Boston: Little, Brown, 1968. pp. 270-320.**

The relationships between individual competence and the socialization process are analyzed by considering the following subjects: various conceptions of competence; planned social intervention in areas of vicious development responsible for incompetence; attitudes toward others and the world as a function of degree of competence and self-esteem; rating scales for competence; the transcultural relevance of competence as a factor in research; animal and human studies in the early development of competence; continuity versus discontinuity between infancy and early childhood in the development of competence; competence as a measure of emerging selfhood; achievement motivation and competence; anxiety and the need for approval; the influence of social structure on acquisition of competence, with special attention given to the individual need for power, respect, and opportunity; and deviant forms of competence. 90 references.

**852. Smith, Seward, and Haythorn, William W. Effects of compatibility, crowding, group size, and leadership senority on stress, anxiety, hostility, and annoyance in isolated groups. *Journal of Personality and Social Psychology*, 22(1):67-79, 1972.**

Fifty-six subjects, run in four sets of four dyads and two triads each, were subjected to laboratory conditions of isolation and confinement for 21 days. In addition to the group size variable (dyads versus triads) the 2 × 2 × 2 × 2 experimental design included a compatibility manipulation (compatible versus incompatible), crowding versus less crowding (as measured by cubic feet per man), and junior versus senior leadership. Analyses of subjective report measures of subjective stress, state and trait anxiety, hostility toward isolation partner(s), and annoyance with physical features of the laboratory setting yielded statistically significant results indicating higher subjective stress and state anxiety during isolation than during preisolation and postisolation baseline periods; greater reported hostility in junior-led than in senior-led, and in hypothetically incompatible than compatible, groups; a greater effect of crowding on subjective stress and state anxiety reports in three-man than in two-man groups; greater reported hostility in less crowded than in crowded rooms; greater annoyance with the physical aspects of the situation in compatible than in incompatible, and in two-man than in three-man groups; greater reported anxiety in two-man than in three-man groups; and better adaptation to confinement in three-man than in two-man groups and in less crowded than in crowded rooms. The results reflect the highly interactive nature of the relationships between the subjective reactions of individuals in groups, on the one hand, and both social and physical aspects of the group setting, on the other hand. 29 references. (Author abstract)

**853. Solnit, Albert J. Adolescence and the changing reality. In: Marcus, I., ed. *Currents in Psychoanalysis*. New York: International Universities Press, 1971. pp. 98-110.**

Adolescence is examined as a critical phase of development, and its advantages and disadvantages are assessed in the light of certain environmental and biological trends. The experiences of adolescents are influenced by the rapid convergence of: improved health and nutritional care; demands for more education as the institutionalized means of achieving freedom and independence; impact of instant audiovisual communication and rapid transportation; and increasing velocity of history with its constructive and destructive technological capacities. It is suggested that the changes in the biological timetable in the direction of a more rapid and elaborate maturation, and the necessity for a longer and more complicated moratorium to achieve the desirable education and training, intensify the conflicts and dilemmas of the adolescent in society. These intensifications are increased and further influenced by technological capacities for perceiving and mastering the physical environment in a variety of ways. The intensification of the adolescent dilemma offers the advantages of more alloplastic resolutions and viable alternatives. At the same time, there are the compelling disadvantages of a more rapidly changing environment whose technological characteristics and capacities can encourage the adolescent's regressive forces, strengthen his infantile fixations, and fail to provide institutionalized channels for the expression of a rapidly developing social conscience. 10 references. (Author abstract modified)

**854. Solow, R., and Cooper, B. Therapeutic mobilization of families around drug-induced adolescent crisis. In: Miller, L., ed. *Fourth International Congress of Social Psychiatry: Abstracts of Papers.* Jerusalem: AHVA Cooperative, 1972. pp. 180.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, a collaborative approach to family directed psychotherapy applied in cases involving adolescent drug use is described. A psychiatrist specializing in adolescents and a family psychiatric social worker, working together, use the presenting incident of drug overdosage crises in adolescent girls as a means of mobilizing families for treatment. With the psychiatrist continuing to treat the patient in psychotherapy, the social worker interviews the other members of the family individually during a number of sessions. Eventually they are brought together in family therapeutic sessions. This method provides an approach for the resolution of crisis and the restoration of family homeostasis, the inception of a new medium of communication for the family, and the means of understanding the symptomatology as a psychopathological method of separation and individuation at this specific stage in development. Rather than accepting drug use as an alibi or rationalization for her behavior or symptomatology, the focus is provided to examine the behavior of the adolescent in terms of what meaning using drugs has had for her as an individual. The parents come to understand how they use their child as a recreation of their own unresolved conflicts and are assisted in the development of new means of resolving those conflicts. (Author abstract modified)

**855. Sontag, Lester W., and Kagan, Jerome. The emergence of intellectual achievement motives. *American Journal of Orthopsychiatry*, 33(3):532-535, 1963.**

The emergence of intellectual achievement motives was investigated. The mental test performance of children was studied over the period from 2½ years to 12 years of age. An analysis of the mental test data showed conclusively that children who were high in independent problem solving and competitiveness showed large increases in IQ in the period from 6 to 10 years of age. The IQ's of children who looked to parents for emotional comfort and alleviation of anxiety tended to remain constant or decline with age. There is a critical period in the development of the motive to master intellectual tasks. This period is between 6 and 10 years of age—the first 5 years of school. Seventy-one middle-class adult subjects who had been members of the Fels Study since birth were assessed. Ratings on behavior were made in nursery school, home, elementary school, and day camp from birth through adolescence, at four different age periods. Ratings of adult personality characteristics were made from 5-hour interviews at ages 20 to 30 years. Achievement behavior between the ages of 6 and 10 was highly predictive of adult mastery behavior. Achievement between 3 and 6 years was unrelated to adult behavior for males and moderately associated with adult behavior for females. The amount of IQ increase between 6 and 10 years was also a good predictor of adult achievement. Thematic Apperception Test achievement themes, obtained during early adolescence, were positively associated with adult achievement behavior. 3 references.

**856. Sorokina, T.T., and Tereshkovich, Z.S. Soderzhaniye tsinka v krovi pri nekotorykh psikhicheskikh zabolevaniyakh u detey. [The zinc content of the blood in some mental disorders of children.] *Zhurnal Nevropatologii i Psikhiatrii Imeni S.S. Korsakova* (Moskva), 71(10):1575-1578, 1971.**

Zinc content was determined in the whole blood of 16 normal and 123 mentally ill children. The diagnostic groups included 58 patients with oligophrenia, 18 cases of organically based psychopathy, 12 with neurosis, 21 with schizophrenia, and 8 with epilepsy. Zinc content was lower than the age norm in all cases. This permitted the assumption that a drop in the zinc level in these groups of patients does not reflect the specificity of the disease and is not related to any certain disorder. These changes are conditioned by a disturbance in the adaptive mechanisms of the organism and anomalies of metabolism that develop with the participation of zinc. 11 references. (Journal abstract modified)

**857. Speck, Ross V. Family therapy in the home. In: Howells, J., ed. *Theory and Practice of Family Psychiatry*. New York: Brunner/Mazel, 1971. pp. 881-889.**

Some advantages of undertaking family therapy in the home are described. The family is in its natural habitat, and the therapists are the intruders. In the home, family members are more apt to play their everyday roles. There is less chance of resistance to therapy through absenteeism or other maneuvers by family members. There is also a heightened reality context. The following aspects of home therapy are discussed in detail: the absent member; the most disturbed member; the youngest member; pets; extended family and nuclear societal elements; and family secrets. 1 reference.

**858. Speigel, John P. Aggression and violence. *American Journal of Psychiatry*, 128(4):473-474, 1971.**

Violence and aggression have become popular topics for research and discussion in the past few years. Although many of the disciplines in the behavioral science field have sponsored research to establish causes and effects of aggression and violence, there is no interdisciplinary base. There are few effective techniques for crisis intervention, and social or political conflict remains largely unsolved. These are problems of special future concern to the members of the American Psychiatric Association. 6 references.

**859. Spelke, Elizabeth; Zelazo, Philip; Kagan, Jerome; and Kotelchuck, Milton. Father interaction and separation protest. *Developmental Psychology*, 9(1):83-90, 1973.**

Thirty-six 1-year-old middle-class children with fathers who spent differential time with them at home were observed in two experimental contexts separated by 2 weeks. In the first, each infant was shown six to eight repetitions of three different nonsocial events followed by a change in the repeated standard. In the second, each infant experienced the unannounced entrances and departures of his mother, father, and a female stranger. The infants who were most upset when alone with the stranger came from low father-interaction families and became bored most rapidly with the nonsocial stimuli. The infants who were least fearful with the stranger came from high father-interaction families and displayed the greatest interest in and smiling to the inanimate stimuli. It was argued that crying or protest to separation is a complex phenomenon influenced by discrepancy, temperament, and level of cognitive development, and is not a sensitive index of the intensity of the child's emotional bond to his parent. 15 references. (Author abstract)

**860. Spencer, Roger F., and Behar, Lenore. Adaptation in hemophiliac adolescents. *Psychosomatics*, 10(5):304-309, 1969.**

Behavioral disturbances, learning difficulties, and sexual disturbances in the young hemophiliac can be related to the failure to resolve universal developmental issues that are made particularly critical by the nature of hemophilia and its manifestations. The facts of chromosomal transmission of hemophilia offer a concrete rationale for the feelings of impaired masculinity inasmuch as the trait is maternally passed. Achievement of stable masculine identification is the main issue. This was evident in all of the case reports cited. The bleeding tendency, which is the source of much anxiety concerning bodily integrity and which aggravates unresolved sexual and aggressive conflicts, is utilized as a means of expiation of guilt feelings and avoidance of stresses in the external world. The result is that there is an apparent lack of overt anxiety in the majority of hemophiliacs. Formal psychotherapy is, therefore, not indicated for most hemophiliacs. Brief intervention seems most effective for acute problems related to hospital management, delinquency, and impairment of school performance. The hemophiliac can also benefit from a psychotherapeutic relationship with the internist or pediatrician who is in overall charge of clinical management. 3 references.

**861. Spergel, Irving A. Politics, policies, and the gang problem. In: Lerman, P., ed. *Delinquency and Social Policy*. New York: Praeger, 1970. pp. 390-406.**

The political uses of gang delinquency, the bases for their development, and the policies that are appropriate to significant change in the conditions that cause or contribute to the delinquency problem are discussed. At least five major types of political roles have recently arisen or been redeveloped in response to the problems of lower class delinquency, particularly gang violence. Whether and how the youth gang and its violence are defined as social problems depend on the utility of gang phenomena for the political purposes of a variety of organizations, particularly for their leaders. Each political role is becoming socially structured and provides at least some opportunities for the achievement of political ends for its occupants. These roles are the civil rights or extremist leader, the new liberal politician, the gang or ex-gang leader, the agency executive, and the professional reformer. In large measure, the problem of the politicization of the gang is ultimately the problem of lack of resources for a deprived population. The gang is the volatile and combustible edge of the larger problem of poverty and racism, which can be solved only by the input of additional or the redistribution of existing societal resources. 20 references. (Author abstract modified)

**862. Sperlinga, J.; Andrus, B.; Andrus, Q.; Stotsky, B.; and Cole, J. A demonstration project in geriatric day care.** ***American Archives of Rehabilitation Therapy,*** **20(2):39-44, 1972.**

A demonstration project in geriatric day care (GDC), instituted at Boston State Hospital, is discussed. The most common reasons for referral are discussed under the following headings: (1) situational adjustment to old age; (2) crisis intervention; (3) transition; and (4) evaluation. Hospitalization versus nonhospitalization are considered through the discussion of its financial and emotional impact on the individual. The objectives of the project were: (1) maintenance and strengthening of family ties by involvement of the family in the therapeutic process; (2) prevention or shortening of hospitalization; (3) facilitation of social involvement for the aged who have psychogeriatric disorders; and (4) establishment of a setting in which the patient can maintain positive strengths and sense of personal worth, are discussed. On an individual basis, the value of GDC lies in its ability to rehabilitate the complete person, maintain him as a functioning member of society, and serve as a resource for psychiatric treatment at times of crisis. The reduction in admissions and readmissions to the geriatric unit because of GDC has lightened the workload of the staff on the wards, in addition to cutting operating expenses. The families and friends of patients almost unanimously preferred GDC to inpatient hospitalization. 1 reference.

**863. Spiehs, Otto. Die jugend und der medikamentenmissbrauch. [Youth and drug abuse.]** ***Mensch und Arbeit*** **(Wien), 24(Supplement):24-31, 1972.**

Drug abuse in the younger generation is discussed in the wider context which includes alcohol and nicotine abuse. In modern youth, smoking begins with the 12-year-olds still in elementary school. Depending on their initial experiences, these youngsters may continue or avoid the habit; the craving for nicotine is only abolished long after the blood nicotine content has become normal.

Drugs are used as a means of escape from an unpleasant situation. The youth who uses drugs likes to ascribe motives for this habit to sympathy for the poor and oppressed. Thus the habits of marihuana, hashish, and lysergic acid diethylamide (LSD) begin; these drug users then lose interest in the poor and begin to identify with the army of petty criminals with asocial traits. Apparently young people no longer wish to cope with frustration and are willing to pay the price of social and physical self-injury. The use of drugs is seen to affect even younger children; the motivation is their antagonism toward the hated adult. Their sudden admiration for Christ results from his revolutionary ideas and religious fantasies and is supported with drugs. Drug abuse is also a generation problem as well, since it is a form of social protest.

**864. Spilka, Bernard. Images of man and dimensions of personal religion: Values for an empirical psychology of religion. *Review of Religious Research,* 11(3):171-182, 1970.**

An empirical psychology of religion, based on images of man and dimensions of personal religion, is discussed. The psychology of religion has, since its inception, been caught between the positivistic and reductionistic strivings of modern scientific aspirations and the humanistic and holistic visions of theology. At the heart of this ambivalence exist different conceptions of the nature of man. Current shifts from behavioristic, adjustmental, and mental health models to humanistic and actionistic formulations provide the opportunity for a rapprochement of theological and psychological principles. The integration of these ideas in a "theological psychology of religion" appears to offer new theoretical foundations for the development of a rigorously based empirical religious psychology with solid footing in objective research but not detached from explicit theological values. 101 references. (Journal abstract)

**865. Spilken, Aron Z., and Jacobs, Martin A. Prediction of illness behavior from measures of life crisis, manifest distress and maladaptive coping. *Psychosomatic Medicine,* 33(3): 251-264, 1971.**

Measures of life crisis, manifest distress, and maladaptive coping were used to predict future illness behavior in male college students. A group of 92 ss was screened by an internist's examination as being free from disease, and administered a series of self-ratings. One year later, 79 of these students were available to be recontacted and were asked to describe their health records during the intervening time; 65 (82 percent) replied. Of the total number, 23 reported being ill and seeking medical treatment, whereas the remaining 42 either indicated no symptoms or else treated themselves with proprietary medication or rest in bed. Analysis of the two groups' premorbid reports indicated that the treatment seeking ss had scored significantly higher on each dimension, using T Test comparisons. Secondly, independently established criterion scores were applied to this sample. Chi-square analysis indicated that 71 percent of the cases could be correctly designated using this method, i.e., before becoming ill, ss who later sought care for their symptoms were more likely to have scored above the cutoff points than those who did not eventually seek care. Also scaled was degree of incapacitation along a 0 to 10 continuum and such illness behavior was correlated with the premorbid scores. Each measure correlated significantly with the criterion and with each other. A multiple R of 0.43 was obtained when four scale scores were used in a regression equation to estimate degree of incapacitation. These results suggest that premorbid indicators of unresolved life stress accurately predict who will seek care for illness. 21 references. (Journal abstract)

**866. Spiro, Saul M. The dual management therapy model: Theme and variations. *Psychiatric Quarterly,* 44(2):323-332, 1970.**

A form of dual management of the hospitalized mental patient is described. Advances in psychiatry have greatly elaborated the psychiatrists' medical role. There has been a proliferation of other mental health professionals who possess similar talents with respect to psychotherapeutic techniques. Anachronistic approaches to therapy such as the therapist-administrator split are not only confusing and inefficient, but seem to be positively detrimental to therapy in certain diagnostic groups such as schizophrenics. Present day crisis intervention approaches are well suited to a medical model psychotherapy (M/P) split. In the hospital experience described, the M/P split has proved efficient, efficacious, and instructive. It remains for the model to be refined and applied in a consistent and organized fashion in other situations. 19 references. (Author abstract modified)

**867. Sroufe, L. Alan, and Stewart, Mark A. Treating problem children with stimulant drugs. *New England Journal of Medicine,* 289(8):407-413, 1973.**

The practice of treating problem children with stimulant drugs is evaluated from biological, behavioral, and ethical points of view. Although some studies have reported that problem children have an atypical response to stimulant drugs (implying abnormal functioning of the brain), it is asserted that, for normal children, problem children, and adults, stimulant drugs improve performance on repetitive, routinized tasks that require sustained attention and reasoning; problem solving and learning are not affected. The problems subsumed by the definition of minimal brain dysfunction include hyperactivity, distractibility, incoordination, short attention span, underachievement, and perceptual difficulties. These behaviors have not been shown to intercorrelate, thus drug treatment would not, in many cases, be biologically warranted, especially when long-term drug effects are often unknown. Psychologically, it is preferable that children learn to deal with their particular problems with the assistance of their teachers and parents. 77 references.

**868. Stabenau, James R., and Pollin, William. Early characteristics of monozygotic twins discordant for schizophrenia.** ***Annual Progress in Child Psychiatry and Child Development*, 1:497-515, 1968.**

Early characteristics of monozygotic twins discordant for schizophrenia are discussed, based on literature reports and a study conducted by the National Institute of Mental Health. Of specific significance is knowledge regarding the degree of neonatal maturity and early experience as determinants in personality development. A group of 26 characteristics were used to analyze 14 pairs of monozygotic twins discordant for schizophrenia along with their parents. Characteristics of the pre-illness twin are identified, and a graphic demonstration is given of the differential pattern in these early characteristics as compared to their nonschizophrenic controls. Finally, a representative description of the life course of twins raised by their biological parents in intact family settings is constructed and compared with phase-by-phase differences in personality development and life experience for monozygotic twins discordant for schizophrenia based on the NIMH study. Included in this description are: fetal intrauterine development; the birth process; early biologic differences; early parent-child interaction; emergence of individuation versus dependence; and social competence and self-esteem. 61 references.

**869. Stapleton, Thomas. Non-directive psychotherapy: A little girl talks to herself, part 1.** ***Medical Journal of Australia*** **(Sydney), 1(23):1166-1168, 1967.**

A 7-year-old girl, having tried to shut herself in a refrigerator while sleepwalking, was accepted for therapy as an outpatient. Therapy consisted of self-directed drawing with crayons. As the girl felt more assured in this setting, her drawings became less organized, allowing her to pour out her confusions. This treatment was successful. The case illustrates that, without any direct interpretation to the child, the provision of a setting which, to the child, holds no threat of rebuke can enable the child to work through his or her anxieties and find his or her own way to organized reality and an ability to cope with fears, anxieties, and terrors of the real world.

**870. Starnes, Richard. The real causes of juvenile delinquency: An interview with J. Edgar Hoover. *Law Officer*, 3(1):8-10, 1970.**

J. Edgar Hoover believes that the increasing involvement of youth in crime and the increase in violence in youthful crimes are the most appalling aspects in the crime picture and that parental neglect and indulgence instead of discipline in modern society are the main cause of the increase. The failure of the judiciary to punish offenders and to be as concerned about the civil rights of victims as those of offenders is also discussed.

**871. Stern, Francis H. Use of a new antidepressant in the female climacteric. *Psychosomatics*, 11(5):464-466, 1970.**

A new antidepressant, pyrovalerone hydrochloride, was tested in an open study on 20 patients in climacteric. The results indicate that a controlled double-blind study of the drug is justified. The symptoms of menopause with which this study was primarily concerned are mental and emotional alterations: fatigue; depressed moods; boredom; loss of interest; indecision; poor coordination; psychosomatic complaints; anxiety; and apprehension. The psychostimulative agent, pyrovalerone hydrochloride, produced improvement in over half of the patients in symptoms—of fatigue, depressed mood, and boredom. No patient became worse in these symptoms. Side effects were related to dosage, with nausea and insomnia the most frequent side effects. 3 references. (Author abstract modified)

**872. Stewart, Betty Joyce. Social-emotional adjustment of preschool children from three family structures. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-24299 (HC, $10; MF, $4).**

The social-emotional adjustment of preschool children from three family structures was studied, stressing maternal role-satisfaction and its influence on the mother's acceptance of the child, the child's self-concept, and the child's social-emotional adjustment as perceived by his teacher. Instruments included the Orthner Modification of the Parental Acceptance Scales (for mothers), the Self-Social Constructs Test (for children), and the

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Teacher's Rating Scale. It was found that: (1) Work role satisfaction is an important factor in a mother's ability to accept her child, and such satisfaction is dependent on educational level and mother's choice of and desire to work outside of the home; (2) working mothers who enjoy their work use greater authority in control than nonworking mothers who enjoy staying at home; both are accepting of their children; (3) children of single mothers who enjoy their work and nonworking mothers who would prefer to work have greater adjustment problems; (4) children of single parents and those from disadvantaged groups need more people contacts; (5) when satisfactory identification possibilities are not present in the home environment, preschoolers will search for them outside, particularly among teachers and friends. (Journal abstract modified)

**873. Stichman, Joann, and Schoenberg, Jane. Counseling program for wives of cardiac patients. *Omega,* 3(2):155-161, 1972.**

A program designed to aid the wife of the cardiac patient in understanding and accepting her husband's condition is presented. The Heart Wife Counselors program is based on the premise that the greatest aid is offered by women who have been through the same experience, in collaboration with psychologists, cardiac nurses, dieticians, social workers, the family doctor, and/or the cardiac specialist. The three phases of the program are described. In the first phase, the emphasis is placed on comfort and assurance, making necessary decisions, and helping to minimize feelings of guilt. In the second phase, emphasis shifts to long-haul education, preparation, and problem solving. Weekly meetings with a psychologist, cardiac nurse, dietician, and cardiologist are provided. The third phase deals with the problems encountered with the patient's return to his home; this involves making the wife aware of the possibilities of disaster in many areas. The program will continue to provide help by establishing monthly meetings for ex-patients and their wives, which will give the families a chance to compare notes on what adjustment problems have come up and explore ways of handling them. They offer a chance for full, frank discussion among people who share the same basic problem and, therefore, understand each other's problem as no outsider could. 1 reference.

**874. Stickney, Stonewall B. Schools are our community mental health centers. *American Journal of Psychiatry,* 124(10): 1407-1414, 1968.**

Although the public schools have been assigned, by law and circumstance, the task of educating and caring for most of the community's disturbed children, they have been granted no special facilities or funds for this, and their teachers have not been adequately prepared for the responsibility. It is suggested that the natural opportunities within the schools for preventive efforts, casefinding, and crisis intervention make them ideal as well as actual community mental health centers. The development of the Pittsburgh School Mental Health Program is described as an experimental model.

**875. Stierlin, Helm; Levi, David L.; and Savard, Robert J. Parental perceptions of separating children.** ***Family Process*****, 10(4):411-427, 1971.**

Models of familial interaction which emphasize the importance of parental perceptions of the child as determinants for his self-image and interpersonal functioning are examined as they relate to the developmental phase of separation of individuation in adolescence. A study is presented based on work with 12 families with troubled adolescents who were seen in short term family therapy and were then followed up with extensive interviews over the next several years. The adolescent index patients covered a diagnostic spectrum from strongly schizoid to various types of acting-out delinquents. 25 references. (Author abstract modified)

**876. Stoffer, Dean L. Investigation of positive behavioral change as a function of genuineness, nonpossessive warmth, and empathic understanding.** ***Journal of Educational Research*****, 63(5):225-228, 1970.**

Research has shown that genuineness, nonpossessive warmth, and accurate empathy are positively related to therapeutic outcome for neurotic and schizophrenic adults. The study attempted to extend and clarify these findings with elementary school children. Thirty-five adult females volunteered to work individually with 35 children who were experiencing behavioral and academic difficulties. Early and late interviews were tape recorded and rated on each of three variables. Each helper and each child completed a relationship inventory. Late rated nonpossessive warmth, late rated accurate empathy, and the total scores on the children's relationship inventories were significantly related to positive behavioral change. Similar programs will need to find methods of raising the overall level of therapeutic conditions offered by the helpers. Counseling or psychotherapy is intended to produce constructive behavioral and personality change. Increasing emphasis over the years would suggest that clients as well as professionals are convinced of its value. Considerable evidence suggests, however, that counseling or psychotherapy is not superior to no treatment. In the results of the study, helpers rated themselves more favorably on the relationship inventory than did the children. Children responded in a global fashion, indicating a general feeling about the relationship. Helpers were more likely to differentiate between variables. Because of questionable reliability of individual subscales, only total scores on the relationship inventory were used for further analyses. 11 references. (Journal abstract modified)

**877. Stollak, Gary E. Undergraduates as play therapists: Process and outcome. *Psychotherapy: Theory, Research and Practice*, 10(1):92, 1973.**

In a paper presented at the Fourth Annual Meeting of the Society for Psychotherapy Research, a continuing project in which trained and untrained undergraduates conduct play therapy with 40 clinic-referred children is reported. Trainees were ranked as high or low potential by scores on various projective and objective questionnaires and received individual or small group training with extensive use of videotapes. Conclusions included evaluation of the child's personality and behavior in school, in family interaction in the home, and in structured laboratory tasks. Play sessions were videotaped. Findings suggest that trainees exhibit more empathic behaviors than untrained undergraduates, including greater acceptance of the child. Future analyses include measurement of changes in child behavior during the sessions, correlation of undergraduate and child behaviors, and determination of relationships among process and outcome measures. (Author abstract modified)

**878. Stone, D.M. A look at operant learning and its significance for the teacher of the day training centre. *Australian Children Limited* (Brighton, South Australia), 4(8):235-241, 1973.**

The use of operant learning procedures with slow learning children is discussed. Teacher goals and implementation of procedures are described for improving positive behavior and eliminating undesirable behavior illustrated in encouraging the shy child and managing the disruptive child. Emphasis is on the positive approach and teacher qualities of empathy, consistency, and firmness.

**879. Strachan, George J. Young adults and drinking. In: *Alcoholism: Treatable Illness*. Vancouver, British Columbia: Mitchell Press, 1968. pp. 99-103.**

The physical, academic, social, and other stresses of adolescence make adolescents ill-prepared to cope with the potential dangers of alcohol use. When young people depend on alcohol to make them feel more acceptable or relieve tensions, they are susceptible to becoming marked drinkers. With fewer learned controls than adults, they are more prone to involuntary loss of control. Better educational programs are needed for adolescents to learn about alcohol positively and without prejudice.

**880. Strecher, Victor G. When subcultures meet: police-Negro relations. In: Knudten, R., ed. *Crime, Criminology, and Contemporary Society*. Homewood, Illinois: Dorsey Press, 1970. pp. 184-193.**

The existing subcultural conflict evident in police minority tensions is a product of Negro migration and adaptation to urban life. The characteristics of the lower-class Negro subculture, the nature of the police subculture, the problems involved in cognitive dissonance and culture shock, and the nature of police-Negro interaction are discussed. 24 references. (Journal abstract)

**881. Stubblebine, J.M., and Decker, Barry J. Are urban mental health centers worth it? Part II. *American Journal of Psychiatry*, 128(4):480-483, 1971.**

The value of community mental health centers is examined, using the San Francisco system as a model. This system shows a reduction in distant State and local hospital use and, therefore, a reduction in expenditures. The changing pattern of care requires coordinated but multiple treatment options and crisis intervention. When an urban program is organized in this way, more efficient use can be made of State and county tax dollars, and expenditures can often be reduced. 6 references. (Journal abstract modified)

**882. Stutte, Marie-Luise, and Stutte, Hermann. Selbstmord und Selbstmordversuch in Kindesalter. [Suicide and attempted suicide during childhood.] *Agnes Karll Schwester* (Frankfort), 21:444-446, 1967.**

Statistics of incidence, trends, means, and causes of suicides in children are reviewed. Poisoning ranks highest as successful means of suicide among females; hanging and strangulation before poisoning in males. Poisoning is used most frequently, however, in attempted suicides by both sexes. Variety of triggering events leading to suicide are discussed as reported in the literature and with some reference to incidence in the United States. Possible influence of family history and suicide epidemic of 1908-1910 in Moscow are mentioned. It was noted that numerous and various negative situations contribute to the child's suicidal reaction which may also be the same pressures and stimuli which other children successfully cope with without ending in suicide. The existence of a juvenile suicidal personality is denied on similar grounds, namely, that it is unlikely that there exists a juvenile homicidal personality. Decreasing incidence of suicide in children over the past 3 centuries is linked with continual improvement in the child's environment.

**883. Suinn, Richard M. Removing emotional obstacles to learning and performance by visuo-motor behavior rehearsal. *Behavior Therapy*, 3(2):308-310, 1972.**

An approach to removal of emotional obstacles to learning and performance is reported. Some innovative adaptations of desensitization, visuomotor behavior rehearsal, and the use of competency were developed to treat a Ph.D. candidate with a severe examination anxiety. Treatment was aimed at developing adaptive behavior rather than simply the removal of the anxiety. The client's negative and doubting attitude towards the treatment did not prevent the therapy from having positive effects. 2 references. (Journal abstract modified)

**884. Sullivan, Ronald. Violence, like charity, begins at home. In: Hewitt, W., ed. *Police-Community Relations: An Anthology and Bibliography*. Mineola, New York: Foundation Press, 1970. pp. 108-128.**

An experimental method is described for police action in resolving family rights without police injury or accusations of police brutality. The apparent success of the New York City Family Crisis Intervention Unit is thought to create an impact on police motivation, training, and promotion. The aim of the program is to train psychologists to train other persons (police) to help slum residents in trouble. Emphasis is placed on the changing role the police must assume in cities. Training procedures for the policemen are described, including classroom instruction, psychoskits, and field trips to various social, health, and welfare agencies. Specific cases are reviewed in illustration. 1 reference.

**885. Summers, George Mace. Paternal deprivation and adaptation: Study of differential loss management in latency age father-absent boys. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-9616. (HC, $10; MF, $4). 163 pp.**

The forces which influence and shape the adaptations of a group of latency-age boys, ranging from 8 to 11 years, whose fathers were not living at home on a regular basis, were investigated. Adaptation was defined as demonstrated ability to master phase specific tasks; these tasks were considered to be the development of an ability to function adequately at school, with peers, with adults, and with other family members. Two measures of adaptation were used: the Coopersmith Self-Esteem Inventory and the External Adaptation Measure. All data were collected in the boys' homes. Three factors were found to shape adaptation: (1) the adequacy of the boys' defensive structure; (2) family cohesion; and (3) maternal competence. It was demonstrated that there are multiple psychological and social factors which influence adaptation and that the most successful adapters were boys who displayed the widest range of coping devices and who came from families that were relatively stable and cohesive. As a result, high-adapting boys had better mastery of anxiety and more capacity for object relations and ego-enhancing activities. (Journal abstract modified)

**886. Sutherland, Arthur M. Psychological observations in cancer patients. *International Psychiatry Clinics*, 4:75-92, 1967.**

Studies were conducted over several years on the response of patients to cancer and its treatment. The studies focused on the adaptations of patients to emotional and functional changes produced by certain forms of surgery commonly used in treating cancer. Investigations were made to assess the impact on emotions and behavior in significant areas of the lives of cancer patients, such as gainful employment for men and women, housework for women, sexual activity, and social adaptability in family and community. A meaningful baseline for preoperative activities was obtained through interviews that focused on factual verifiable data. Hospital records provided behavioral and medical data; family members were interviewed whenever possible. Comparison of data showed a high degree of correlation from the separate sources, but more demographically structured studies are needed. 9 references.

**887. Sutherland, Sandra, and Scherl, Donald J. Patterns of response among victims of rape. *American Journal of Orthopsychiatry*, 40(3):503-511, 1970.**

A study was undertaken in a context similar to that of a crisis intervention team at a community mental health facility. Thirteen rape victims, aged 18 to 24, were seen shortly after the assault and in followup interviews. Each of the victims was a young white girl who had moved into a low-income community to implement her conviction about "doing something real" in contemporary society. A clear pattern of responses to the assault emerged. In the initial phase of the response, the victim exhibited signs of acute distress. The second phase included denial of the impact of the assault and was characterized by pseudoadjustment and return to usual activity. The third phase included depression and the need to talk. Suggestions for supportive intervention are given. 15 references.

**888. Tannenbaum, Dorothy T. The future is now: Helping families to live with children who may die. *American Journal of Orthopsychiatry*, 45(2):258-259, 1975.**

At the fifty-second annual meeting of the American Orthopsychiatric Association, the psychological stress and sociological displacement suffered by families of children with potentially fatal cancer were discussed. Areas of particular difficulty are: increased pressures on the marriage; parenting of the ill child and his siblings; and readjustment of the families' personal values and life goals. Some new approaches used in helping families, patients, and staff cope with these stresses were presented.

**889. Taplin, Julian R. Crisis theory: Critique and reformulation. *Community Mental Health Journal*, 7(1):13-24, 1971.**

Building a "crisis theory" by using pure homeostatic notions or psychoanalytic constructs is criticized. A review of crisis observations and their implications indicates that a cognitive perspective can serve as a theoretical framework; such a perspective is sketched with representative references. It is argued that several worthwhile possibilities follow from the use of a cognitive perspective: generation of systematic knowledge about crisis; an approach to research definitions; a series of new ways of conceiving of crisis intervention; spread of effect in manpower; and a broad approach to crisis prevention. Finally, a philosophy of science not supporting the looser perspective (versus tighter theory) is offered. 54 references. (Journal abstract)

**890. Tarasov, G.K. Rol' psikhoterapii pri aktivnom lechenii psikhozov. [Role of psychotherapy in active treatment of psychoses.] In: *Voprosy Profilaktiki Nervnykh i Psikhicheskikh Zabolevaniy*. Leningrad: Gos Nauch-Issled Psikhonevr I-T Vm Bekhtereva, 1962. Volume 27, pp. 115-120.**

Far from diminishing with the advent of psychotropic drugs, the role of psychotherapy has actually increased. The specific content of psychotherapy varies with the stage of treatment. In the first stage, the patient is prepared for the type of therapy to be used. It involves explanatory talks to eliminate or mitigate unwarranted fears about the effects of the therapy. The second stage or period of active therapy finds the patient in a state of protective inhibition. Psychotherapy can help overcome the many manifestations of the "neuroleptic syndrome." The third stage or period of remission is generally characterized by asthenic symptoms. Psychotherapy can assist the patient in adjusting to the normal routines of life. The fourth stage, after the patient is discharged from the hospital and kept on maintenance medication, provides favorable conditions for psychotherapy. Through prolonged contact with the patient, it helps him to cope with stressful situations and prevent recurrences of the disease. 5 references.

**891. Tausch, Anne M.; Barthel, Arnfried; Fittkau, Bernd; and Hubsch, Heike. Verhaltensunterschiede von Erzieherinnen gegenuber angepassten und unangepassten Kindern in standardisierter Interview-situation. [Differences in the behavior of kindergarten teachers towards well adjusted and poorly adjusted children in the standardized interview situation.]** ***Praxis der Kinderpsychologie und Kinderpsychiatrie*** **(Gottingen), 17(6):225-227, 1968.**

Thirteen experienced kindergarten teachers were asked to pick out the two best and two worst adjusted children in their groups. They were then photographed repeatedly, without their knowledge, while asking each child individually a set form of questions. Photographs were made of the children simultaneously, and questions and answers were taped, as were subsequent discussions during which the teacher was asked to describe the behavior and personal characteristics of each child. In every instance, the teacher displayed so much more friendliness toward the "well adjusted" children, in terms of her affect, facial expressions, and gestures, that raters reviewing the photographs and tapes in a subsequent blind study were able to pick out the "well" or "poorly" adjusted child on this basis alone, with more than 80 percent accuracy. The teachers also voiced significantly more comments when discussing the "poorly adjusted" children, with 78 percent being strongly disdainful or condemnatory and only 13 percent approving or accepting. Comparable tabulations for comments concerning the "well-adjusted" children were 10 and 68 percent respectively. Although the male:female ratio of the children was one-to-one, 77 percent of the children rated as best adjusted were girls; 68 percent of those rated as least well adjusted were boys. The "well adjusted" children appeared to be happy and relaxed when answering the teacher; the "poorly adjusted" children were serious and tense. It was concluded that the children's attitudes and "adjustment" appeared to involve, at least in part, a nonverbal reciprocation of the approval or disapproval felt by the teachers, suggesting that children (especially in kindergarten and the early elementary grades) should always be exposed to more than one classroom instructor at a time. 6 references.

**892. Teasdale, John D., and Hinkson, Judy. Stimulant drugs: Perceived effect on the interpersonal behavior of dependent patients. *International Journal of the Addictions.* 6(3):407-417, 1971.**

Eleven male patients voluntarily admitted to the drug dependence clinical research and treatment unit for the treatment of dependence on oral stimulants were studied to explore putative reinforcing aspects of stimulant drug use attributable to the effects of the drug on interpersonal functioning. The Leary Interpersonal Checklist was used. Results obtained suggest that a large proportion of the sample were submissive both in comparison with normative data and compared with what they themselves would like to be. Their use of drugs seems to serve an adaptive function in making them more dominant. A proportion of the drug users suffer from lack of self-confidence and/or social anxiety, and drug use serves an adaptive function in improving their interpersonal behavior. 19 references.

**893. Teichner, Warren H. Delayed cold-induced vasodilatation and behavior. *Journal of Experimental Psychology,* 69(4):426-432, 1965.**

Two experiments were conducted to explore the possible relationships between cold-induced vasodilatation (Lewis waves) and behavioral measures. In experiment 1, 54 college student subjects (half male and half female) were tested under conditions of high-, low-, or no-shock, to study the effects of stress on vasodilatation. The results indicated that the latency of cold-induced vasodilatation of the hand was sensitive to the threat of shock. In experiment 2, 33 male college students were tested for vasodilatation on a task involving a conflict between a gain in money and a risk of shock. Once again, emotional stress affected the latency of vasodilatation. It was suggested that the latency of cold-induced vasodilatation may provide a measure of individual differences in vasomotor reactions and in the relationships between vasomotor reactivity and behavioral measures. 14 references.

**894. Tessier, Bernard. La reeducation de jeune delinquant coupable d'homicide. [Reeducation of the young delinquent guilty of homicide.] *Review of the Childhood and Youth Welfare Services* (Quebec), 10(2-3):45-50, 1970.**

An evaluation of the Boscoville Program which responds particularly well to youthful offenders guilty of homicide is given. In general, the adolescents accepted into the rehabilitation program have no major behavioral problems, are mentally stable, have personalities which can be structured, and are cognizant of the difference between their treatment following a crime and the treatment of other delinquents who were not sent to Boscoville. Experience at the Boscoville Center has shown that the message of hope, diminution of guilt, and protection against the fear of aggression are the three essential conditions which permit the youth to restructure his ego sufficiently to face his offense and its consequences. After an initial period of conformism of the youth in the reeducation center, he enters a difficult stage characterized primarily by fear of his aggression and fear that he will lose control. When this crisis has passed, he gradually accepts remedial reeducation, and finally returns to society. The reeducative approach at Boscoville destroys the solitude in which the homicidal youth lives by providing him with the means to sublimate his aggression through the medium of activities. Thus, he is stimulated to participate in group life.

**895. Teter, Jerzy, and Potocki, Jerzy. Endokrynologiczne aspekty procesu starzenia sie. [Endocrinological aspects of the aging process.]** ***Zdrowie Psychiczne*** **(Warszawa), 12(1-2): 28-38, 1971.**

The rapid decrease of mental and physical efficiency in women after menopause depends to a significant degree upon the estrogen deficit. Cyclic estrogen therapy of long duration leads to the lysis of mental and neurovegetative disturbances as well as to the improvement of pathological changes in vascular and osseous systems when it is applied to women with the climacteric syndrome. The same effects are observed in the anatomical condition of atrophic changes in urogenital organs. Cyclic application of this therapy does not increase the neoplastic danger. On the contrary, it counteracts effectively the pathological growth of endometrium and metrorrhagia. It appears that the estrogen deficit occurs earlier than the androgen deficity in old men. Estrogens should be used more widely along with androgen therapy. 20 references. (Author abstract modified)

**896. Thetford, William N.; Molish, Herman B.; and Beck, Samuel J. Developmental aspects of personality structure in normal children.** ***Journal of Projective Techniques & Personality Assessment,*** **15(1):58-78, 1951.**

The developmental aspects of personality structure in 155 normal children selected from the Chicago public schools were discussed. They were selected on the basis of normal intelligence and freedom from overt behavior problems. The mean chronological age was 10¾ years. Intellectually, the normal child showed a progressive increase throughout his development in the amount of energy he was able to summon in meeting the demands of his environment. His ability to organize meaningfully the relationships he observed also increased progressively with his chronological development, and manifested itself to a pronounced degree during the adolescent years. Statistical comparisons were made in terms of the varying significance of differences between the age ranges on all the major Rorschach Test variables. His method of approaching his world and resolving it into its component parts tended to remain constant throughout each of the stages of his development. The conformity aspects of his personality increased with each developmental level. The total amount of affective energy at his disposal remained relatively constant throughout his development until adolescence, when it was quantitatively greatest. At adolescence he was more emotionally labile than during the earlier stages of development. Throughout his development, he progressively made greater use of fantasy living as he attempted to cope with his personal needs. He tended to appear more constricted during the period immediately preceding adolescence. In coping with his emotional problems, the adolescent displayed a liberation and general enrichment of his personality. 5 references.

**897. Thomas, Claudewell S.; Lindenthal, Jacob J.; and Myers, Jerome K. Crisis, psychology and tranquilizer use. *Journal of Nervous and Mental Disease*, 160(5):359-364, 1975.**

Hypotheses formulated relative to life crisis and tranquilizer use were tested in a community sample of persons. Data were obtained on relationships between psychological status, history of life crises, and subsequent ingestion of tranquilizers. It was hypothesized that the probability of using tranquilizers varies with related overall psychological status, or with the nature or the number of life crises experienced within the year previous to interview. Data are interpreted as supportive of only the first hypothesis; that is, the greater the degree of psychological impairment, the greater the probability of tranquilizer ingestion. No relationship between tranquilizer use and the nature or number of crises experienced is reported. 15 references. (Journal abstract modified)

**898. Thomas, Ruth. Comments on some aspects of self and object representation in a group of psychotic children: An**

**application of Anna Freud's diagnostic profile.** ***Psychoanalytic Study of the Child,*** **21:527-580, 1966.**

This report is confined to observations on the self and object representations of a group of four children in analysis. An attempt to systematize these has of necessity made use of formulations which derive from the understanding of the earliest stages of ego development. The distribution of instinctual forces in self and object representations is mediated in these children in part by a primitive ego organization that utilizes archaic modes of functioning and that nevertheless shows some small capacity for development under the stress of a modified analytic process, though not always predictably and only for limited periods of time. The following unstable advances were formulated: (1) The synthesis of body states into recognizable feeling states takes on the significance of signals of need; (2) there is a gradual acceptance of a priority of cathexis of the human person as a satisfier of need; (3) there is some rudimentary acceptance of a reciprocal feeling relationship with the human object (observed in the development of limited empathy, gratitude, protectiveness, and the wish to give). Findings suggest that the arrest in development involves in all cases a failure in relating at the most primitive ego levels prior to structuralization. 23 references. (Author abstract modified)

**899. Thume, Lyle H. Implications of an integrated adjustment training service for blind adults.** ***New Outlook for the Blind,*** **63(9):272-274, 1969.**

After 5 years of operation, enough perspective can be gained on the Detroit Rehabilitation Institute's Demonstration Project for Vocational Rehabilitation of the Blind to evaluate it. Successes and failures occurred, but in general the program was a success, as an examination of their compiled statistics on job placement will show. The program was integrated (blind and sighted) and nonresidential, both of which have their advantages. The integrated aspect helps the person adjust to his blindness better, and the nonresidential aspect helps the blind person to achieve a sense of independence. A major problem with the integrated aspect, however, was the competition for services and facilities from the other patient programs in the institute. The sighted patients gained a better understanding and respect for the blind patients because of the blind patients' ease in mobility. Integrated training and vocational rehabilitation have been shown to be both feasible and desirable.

**900. Tietz, Walter, and Vidmar, J. Ted. The impact of coping styles on the control of juvenile diabetes.** ***Psychiatry in Medicine,*** **3(1):67-74, 1972.**

A study of 21 children from the University of Southern California Pediatric Diabetes Clinic was undertaken to evaluate the extent to which specific variables correlate with control of diabetes. Statistically, no correlation was found between degree of control and age of onset, duration of illness, number of siblings, intactness of family, degree of family psychopathology, intelligence of child and parents, knowledge about diabetes, birth rank, or ethnic and social class. Positive correlation existed between family history of diabetes and good control. Children who appeared to be in the midst of an adolescent growth spurt clustered in the group with fair or poor control. Clinical observations of individual patients and their families suggest that the reactions to the onset of diabetes did influence the styles of coping with fears, anxieties, and guilt. Case examples are given. The relation of psychologic and neurophysiologic mechanisms is discussed. 18 references. (Author abstract modified)

**901. Tighe, Thomas. "Discrimination Processes in Children." Unpublished paper, NIMH Grant MH-11088, 1973.**

The ease with which organisms solve a reversal shift (RO) which requires reversal of choice response to the cues of the relevant dimension, as opposed to an extradimensional shift (ED), which requires choice of stimulus values on a previously irrelevant dimension, was studied using humans and animals. Subproblem analysis was used to provide a relatively direct measure of the nature of stimulus control in learning problems that have been a major testing ground for theories of learning. The data point to significant modification of current conceptions: (1) Dimensional control in infrahuman learning is more limited and conditional than generally supposed; and (2) irrelevant cues exert control in proportion to their discriminability, while increasing task complexity causes ss to reject or filter out less discriminable cues. In regard to children's learning, the subproblem analysis delineates significant and interrelated age differences in selective stimulus control and problem-solving strategies. Isolation of the relative contributions of these factors poses a major experimental challenge. 26 references. (Author abstract modified)

**902. Tissue, Thomas. Downward mobility in old age. *Social Problems*, 18(1):67-77, 1970.**

The consequences of downward mobility in old age are examined. The aged from middle-class origins were compared with those from working-class origins. The sample consisted of 256 old-age assistance recipients, aged 65 to 88, who underwent 2-hour interviews. In general, data offered tentative support for the hypothesis that predicted special difficulty for the downwardly mobile aged. As compared with recipients from working-class backgrounds, the ex-middle-class, aged poor had sustained greater loss in social interaction over time, maintained lower levels of current interaction, and more frequently described themselves as unhappy and dissatisfied with their current lives. Data, however, did not indicate that class of origin had a corresponding relationship with alienation or anomia. On the contrary, it was the aged poor from middle-class backgrounds who adhered most faithfully to a belief in the equity and propriety of the larger social system. 31 references. (Journal abstract modified)

**903. Tobias, Jerry J. The affluent suburban male delinquent. *Crime and Delinquency*, 16(3):273-279, 1970.**

The enormous rise in suburban delinquency rates since World War II and the scarcity of related data indicate an urgent need for sociological studies of this problem. One such study was conducted in a midwestern suburban community to determine the predominant types of misconduct in which the affluent suburban delinquent involves himself and the causes of this antisocial behavior. The investigators collected data from three groups of subjects, affluent suburban delinquents, affluent suburban nondelinquents, and delinquents from the local urban community. Most of the information was gained from three formal interview questionnaires; official records provided additional data. The results indicated that middle- and upper middle-class suburban delinquents tend to involve themselves in less serious types of offenses than do their urban counterparts, and that factors contributing to their antisocial behavior include the influence of friends, feelings of boredom, and influence of parents. 5 references. (Author abstract)

**904. Tolsdorf, Christopher Charles. Social networks and the coping process. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 76-5403. (HC, $18, MF, $7.50).**

The applicability of the social network concept in the conceptualization of coping and adaptation in a social context is demonstrated. Several treatments of the social network concept are discussed. Intensive interviews were conducted with 10 hospitalized psychiatric patients and 10 hospitalized medical (nonpsychiatric) patients. The data suggest that the medical ss are significantly more positive than the psychiatric ss in regard to network orientation. Network orientation also interacted with the perception of psychological stress, preferences in coping styles, and coping outcome. In no case did the medical ss duplicate the combination of life situations observed in the psychiatric ss, namely, the combination of significant life stress, negative network orientation, nonutilization of network resources, and eventual failure in coping. It was also found that, compared to the medical ss, the psychiatric ss reported fewer intimate relationships with their network members, a higher proportion of kinship members and kinship linkages, a more dependent and passive position with respect to important people in their networks, and a higher proportion of asymmetric relationships with significant network members. (Journal abstract modified)

**905. Tolsdorf, Christopher C. Social networks, support, and coping: An exploratory study. *Family Process*, 15(4):407-417, 1976.**

The usefulness of the social network model was determined by utilizing it in the study of stress, support, and coping. The social network model is borrowed from sociology and anthropology and is used to describe and quantify not only an individual's immediate family but also all of those with whom the individual has regular contact. By comparing the networks of a sample of 10 normal and 10 schizophrenic males, it was possible to identify differences in their relationships to their social networks, in the makeup of the networks themselves, and in their coping styles and recent histories. The results suggest that the network model can be used to investigate the larger social system with which individuals interact and that it may be a valuable approach to the expansion of family research. 29 references. (Author abstract modified)

**906. Topitzer, Gerald Francis. The effect of psychosocial factors on the rehabilitation of the cancer patient. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 75-18446 (HC, $13.50; MF, $5).**

The prognostic significance of psychosocial factors for the adaptation of the mastectomy patient to her surgery was investigated. The factors studied included age, ethnicity, marital status, education, religion, date of onset of disease, regularity of employment, the patient's emotional reaction to mastectomy, family reactions, ability to cope with other stresses, evidence of effective ego functioning, and other relevant social and emotional factors. Ss were interviewed during hospitalization for this surgery and again at 3 to 6 months after surgery. Productive pastimes, ability to accept the patient role, and orderliness were found to be related to level of adaptation. Patients relatively free from situational problems adapt more successfully. It is further noted that younger patients who experienced an unusual stress in the past, were private rather than service patients, coped effectively with other stress situations, and identified with the single life rather than the married life, adapt more successfully to a mastectomy. (Journal abstract modified)

**907. Tourney, Garfield. Emotional reactions to chronic disease with emphasis on patients suffering from cancer. *Northwest Medicine*, 68(10):938-943, 1969.**

Emotional adjustment to life is severely tested when cancer and the indignities associated with its treatment must be endured. Feelings of fear, apathy, and fatalism may prevent individuals from seeking diagnosis and treatment. Emotional reactions to diagnosis and treatment of cancer include: exaggeration of basic personality type; anxiety; depression; denial; anger and hostility; regressive behavior; exaggeration of physical symptoms; and psychotic behavior. These can interfere with the course of treatment and prolong convalescence. Appropriate psychological management is required in each case. Drug therapy can help with some of the emotional problems and make life bearable for the incurable patient. The most important contribution the physician can make to the terminal patient is not to abandon or reject him. 14 references.

**908. Trakas, Demetrius A., and Lloyd, Gertrude. Emergency management in a short-term open group. *Comprehensive Psychiatry*, 12(2):170-175, 1971.**

A study exploring the value of combining crisis intervention and brief psychotherapy in a group setting is discussed. Short-term group psychotherapy was used for the screening and treatment of walk-in and telephone intake cases in the outpatient department of a psychiatric institute. The therapeutic results of the treatment of 78 cases with this method were compared with those of 90 cases treated at the same clinic with other methods. The advantages and some of the clinical experiences from this type of group psychotherapy are discussed. Results indicate that almost twice as many patients exhibited improvement in the group studies as in the control cases. The distinct advantage of the group approach would be a tremendous increase in the efficient utilization of staff time. 9 references. (Author abstract modified)

**909. Trowbridge, Norma. Cross cultural study of creative ideas in children. *Comparative Education Review*, 12(1): 80-83, 1968.**

In order to better understand creativity in children through their novel ideas, a study was conducted among 40 students of six public schools in four Asiatic and Middle Eastern countries. There were 20 boys and 20 girls, equally divided into the age groups of 6-8, 9-11, 12-14, and 15-17; they came from India, Afghanistan, Iraq, and Lebanon. Each child was asked to describe two of his novel ideas, including the conditions under which each occurred, with whom he had shared it, the reaction of others to it, and the result. Sex and culture differences were noted, but no age differences. Girls generally described ideas in the areas of art and crafts and communication, while boys most often related ideas concerning mechanical arts and agriculture. As opposed to the Middle Eastern children, the Indians got their ideas more often when relaxed, had fewer ideas in the academic area, shared their ideas less often, more often viewed the reaction of others as discouraging, brought about a satisfactory completion of their ideas less frequently, and evidenced less intrinsic satisfaction. Further studies comparing more groups, exploring the incidents related in more depth, and including adult populations are suggested.

**910. Tulipan, Alan B., and Cutting, Allan R. *The Outpatient Patient: Consumer and Client.* Oil City, Pennsylvania: Poca Press, 1972.**

Papers presented at the Ninth Annual Meeting of Psychiatric Outpatient Centers of America reflect advances in the mental health movement that have led to new concerns of economy, efficiency, quality control, and patient consumerism. Part I on the patient as everyman focuses on many of the social and interpersonal dilemmas impinging on the patient and therapist. Part II deals with accountability for patient services—responsibility to the patient as well as to public bodies supporting the outpatient clinic. Part III on accessibility of therapy to patients considers approaches to bridging gaps in therapeutic services. The papers range widely over such topics as therapeutic summer and day camp programs, storefronts in principle and practice, use of rural nurses in crisis intervention, problems of training and use of paraprofessionals, effective use of volunteers, long-term versus short-term therapy, and other topics. Part IV on the family as patient is devoted to a transcription of a family group therapy session.

**911. Turner, David. Group behavioral change through imitation learning among disturbed children. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-8226 (HC, $10; MF, $4). 183 pp.**

A study was conducted to determine whether collaborative and socially sensitive behaviors, necessary in group problem solving, can be taught to emotionally disturbed children in residential treatment centers. The instrument used to test the level of these behaviors was a modified version of the Russell Sage Social Relations Test (RSSRT). It was hypothesized that improvement would be noted in the level of cooperative behaviors in the groups tested after exposure to a modeling film containing children engaging in the test procedure in a cooperative way. Ss were 180 males ranging from 9 to 12 years. An analysis of variance procedure was used to compare the results of the 10 variables of the RSSRT as well as the actual time in seconds spent on pre-test and post-test with this instrument. No differences were noted in the pre-test condition between experimental and control groups. Analyses of post-test variables indicated statistically significant differences of time spent on the test. Findings suggest that modeling of behaviors through a filmed technique can produce positive changes in the cooperative group behavior of emotionally disturbed children. (Journal abstract modified)

**912. Tyszkowa, Maria. Zachowanie sie dzieci szkolnych wobec trudnosci i niepowodzen w rozwiazywaniu trudnych zadan. [Behavior of school children in view of hardship and failure in the solution of difficult problems.] *Psychologia Wychowawcza* (Warszawa), 14(5):539-547, 1971.**

School children between the ages of 9 and 13 years were studied to determine their behavior under conditions of difficulties and failure in solving mathematical problems. The results are presented and evaluated with regard to changes in the structure of the intellectual operation of problem solving in the face of difficulties. Younger children were deterred by frustration more than older children and frequently gave up after encountering some difficulty or following their first unsuccessful cycle of activity. The older the children, the more frequently they manifest behavior which can be interpreted as surmounting the difficulty, but the less they react emotionally and defensively in the face of the problem. 15 references.

**913. Urakov, I.G., and Kulikov, V.V. K kharakterologicheskoi otsenke lits, stradaiushchikh alkogolizmom. [On the characterological evaluation of individuals suffering from alcoholism.] In: Semenov, S., ed. *Voprosy Kliniki i Terapii Psikhicheskikh Zabolevanii.* Moscow: Ministerstvo Zdravookhraneniia SSSR, 1971. pp. 163-166.**

Future alcoholics are characterized more by a unique tendency to neurotic reactions and by poor adaptation to and tolerance of stress than by neurotic features in the premorbid period. A study

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of 100 controls compared to 100 alcoholics revealed that the presence of neurotic predisposition is an unfavorable prognostic factor that contributes to the early development of alcoholism and to the pathological personality developments accompanying it. Clinical psychological investigation of 505 patients with chronic alcoholism and 199 patients beyond the period of acute alcoholic abstinence has shown that the most prominently neurotic symptoms are present in the period of abstinence; their intensity and stability increase with seriousness of the disease, age of the patient, and period of duration of the disease. The tendency to reinforcement of unstable personality features, reinforcement of impulsiveness and emotional ability, and tendency for reactions of the prealcoholic period to change are characteristic of the neurotic states of alcoholics. At a certain stage of the disease, neurotic symptoms acquire a fixed character, and in the final stage they are replaced by a decrease in intellectual powers.

**914. U.S. Bureau of Prisons. *A Handbook of Correctional Psychiatry.* Vol. 1. Washington, D.C.: U.S. Bureau of Prisons, 1968.**

The accumulated psychiatric experience in the field of corrections is organized into a practical format. The intent is to augment, refine, and modify this handbook on a yearly basis. Topics for inclusion in the handbook were selected on the basis of two considerations: (1) Although it was realized that this first effort could not be all inclusive, it was felt necessary to cover broadly and practically most areas considered to be of major concern to the correctional psychiatrist in the Federal system. (2) Because of limitations of time and energy for each participant, topics chosen were already of particular interest with the group and did not need too much further preparation. The sequence of the seven sections falls into two natural groupings; the first three bear on inmate life and the last four bear on the correctional psychiatrist and his role. The first section on stress and coping serves as the reader's general introduction to the psychological problems of incarceration as they manifest themselves from the initial days of confinement to the period just prior to release. The next two sections on sexuality and violence focus on two areas which are of particular importance in the inmate's life. Section 4 introduces the reader to some problems encountered by the psychiatrist as he enters the correctional system, and the next two sections discuss the role of the psychiatrist as he faces into the institution toward the correctional staff and faces out of the institution toward the courts and parole board. The seventh and final section deals with correctional psychiatric research, and, by outlining the very rich and extensive opportunities for such investigation, completes the handbook. 47 references.

**915. Valiere, H. Remarques pour l'elaboration et la mise en place d'un soutien psychotherapique des transplantations renales. [Observations for the elaboration of supportive psychotherapy in renal transplantations.] *Revue de Medecine Psychosomatique et de Psychologie Medicale* (Paris), 13(1): 31-46, 1971.**

Postoperative readjustment of patients who have undergone surgery for kidney transplantation is discussed. Of 22 patients followed, only two, aged 18 and 19 years, who received the kidney from the mother, were undecided as to whether the donor should remain anonymous. Some fears accompany discharge from the hospital, and the readaptation is usually faced with some apprehension. The amount of information to be given the patient regarding the operation is considered. Many patients are confused as to the location of their organs and it is often advisable to explain in a simple fashion what has been accomplished. It is wise to limit the information; many patients are sensitive with respect to their almost imminent death (before the operation) and to the fact that they have been given a "live" organ belonging to another person. Mechanisms of defense are discussed, the first one being complete confidence in the medicosurgical team in charge. Some of the patients used the mechanism of regression as a means of defense. Of the 22, only one patient readjusted to his professional position; the various reactions of the others including the development of phobic, obsessional, and dependent symptoms. Results of an investigation in donors is described, and the management of patients by supportive psychotherapy is considered.

**916. Valvo, A. *Sight Restoration After Long-Term Blindness: The Problems and Behavior Patterns of Visual Rehabilitation.* New York: American Foundation for the Blind, 1971.**

A detailed summary of observations of four blind persons whose vision was restored following osteo-odonto-keratoprosthesis are summarized. Observation of their readaptation to sight involves some interesting aspects: transfer from tactile to visual perception, several phases of learning to write, changes associated with reading, and the importance of scanning in visual learning as seen from experience with dotted and continuous lines. The behavior of these intelligent, articulate adults who had adjusted reasonably to living as blind persons and their subjective reports tell much about the differences between perception and activity. They demonstrate that these are systems, complex networks of habits, which require time, learning, and practice to develop to a useful level. There is also evidence of marked emotional strain associated with the radical change from blindness to sight.

**917. Van Amerongen, and Suzanne Taets. Permission, promotion, and provocation of antisocial behavior.** ***Journal of the American Academy of Child Psychiatry,*** **2(1):99-117, 1963.**

A study is described which centered on relationships between both parents and their aggressive destructive children (ages 6 to 10) who had a history of repeated fire setting, stealing, destruction of property, and vicious attacks on adults, siblings, or peers. All were white, American born, of average intelligence, and in good physical health. The parents came to the guidance clinic because they felt forced by community pressure. In spite of differences in individual personality structure, interviews revealed a consistent pattern of permitting, promoting, or even provoking the child's antisocial activity. The child's acting-out behavior appeared to be representative of a familial mode of gratification, attention relief, and rebellious self-assertion. In discussion following presentation of this paper, it was commented that whereas followup studies indicate that children who are aggressively destructive may not become delinquent teenagers, many appear to be prone to other kinds of antisocial behavior, e.g., alcoholism, homosexuality, and drug addiction. The developmental continuum from infancy to adulthood should be closely studied. Several examples are cited of parental promotion of asocial behavior, even while the parents ostensibly were in sympathy with the activity of guidance specialists.

**918. Van der Veen, Ferdinand, and Novak, Arthur L. Perceived parental attitudes and family concepts of disturbed adolescents, normal siblings and normal controls.** ***Family Process,*** **10(3):327-343, 1971.**

Parental attitudes and family concepts as perceived by disturbed adolescents, normal siblings, and normal controls are presented. This study tests the hypotheses that disturbed adolescents perceive lower parental attitudes (positive regard, empathic understanding, genuineness, and unconditioned regard) than are perceived by their normal siblings and normal controls; that normal siblings do not differ from normal controls on these variables; levels of perceived attitudes are positively related to family concept measures of adjustment and satisfaction; and attitudes perceived in one parent are positively associated with those perceived in the other. The hypotheses were substantially confirmed. In contrast to both normal groups, the disturbed adolescents failed to show positive relationships between maternal attitudes and the family concept measures and between perceived paternal and maternal attitudes. 26 references. (Journal abstract modified)

**919. Vanderwoude, Kenneth W. Problem-solving and language.** ***Archives of General Psychiatry.*** **23(4):337-342. 1970.**

The present study was an attempt to combine the methodological approach indicated by Furth and Vernon in a study of problem-solving processes. It was hypothesized that (1) there would be no differences in the problem-solving processes used by matched groups of hearing and deaf children, and (2) there would be no interaction between language and problem-solving performance. Eighteen deaf children (nonverbal group) were matched with 18 hearing children (verbal group) on the basis of age, sex, and IQ. The results confirmed the hypothesis of no difference between groups and no interaction between problem-solving performance and language. The results indicate that both groups use similar tactics in their solutions to the problems. For both groups there is no consistent relationship between problem-solving processes and final answers. The present findings have important implications for the training of the deaf. 36 references.

**920. Van Leeuwen, Kato, and Tuma, June M. Attachment and exploration: A systematic approach to the study of separation-adaptation phenomena in response to nursery school entry.** ***Journal of the American Academy of Child Psychiatry,*** **11(2):314-340, 1972.**

A study was conducted to test the hypothesis that stress upon nursery school entry is reflected in changes in the attachment and exploratory behavior. Subjects were 16 children and mothers selected from a nursery school waiting list. Results of personal interviews, observations, and testing confirmed that children react to nursery school entry with increased attachment and/or decreased exploration from preentry levels. The most significant finding of the study was that even for those children in whom no strong attachment to the mother is observed or reported, separation from the mother is stressful and affects adaptation to separate experiences represented by nursery school. 17 references.

**921. Van Mierlo, P.J. Open pilot trial of pimozide in patients suffering from psychic stress.** ***Arzneimittel-Forschung*** **(Aulendorf), 22(12):2147-2148, 1972.**

Patients who had been suffering from psychogenic disorders due to a continuous stress situation were tested in an open-pilot-trial for their response to 1-(1-(4,4'-bis(p-fluorophenyl)butyl)-4-

piperidyl)-2-benzimidazolinone (pimozide). The average daily dosage of pimozide was 2.5 mg during the first 3 weeks and 2.3 mg the following 9 weeks. Results were assessed on a 20-item rating scale which included: degree of coping with the stress; nervousness; irritability; apathy; concentration difficulties; and various forms of anxiety. Improvement was seen in all 20 items in response to pimozide treatment; there were no undesirable side-effects, and patients reported subjective improvement. This study indicates that pimozide may be well suited for the treatment of patients presenting disorders due to a continuing stress situation. 10 references. (Author abstract modified)

**922. Veroff, Joseph; Feld, Sheila; and Gurin, Gerald. Dimensions of subjective adjustment. *Journal of Abnormal and Social Psychology*, 64(3):192-205, 1962.**

A survey of a representative sample of the resident population of adults in the United States was made to determine the respondents' feelings of distress in different life areas, including perceptions of the self, symptoms of distress, and adjustment in marriage, parenthood, and work. Special indices were constructed for various subpopulations, and the indices were intercorrelated and examined by factor analysis for men and women. Results indicated five distinctive factors for men and four for women, with a considerable apparent overlap between the two factor structures. For both sexes, the factors were: (1) felt psychological disturbance; (2) social inadequacy; (3) unhappiness; and (4) lack of identity. The fifth factor, for men only, was physical distress. This analysis indicates the need for a multiple criterion approach to the definition of mental health, in that findings of differential distress in population subgroups depend on the particular syndrome of distress that is used as the criterion of mental health. The overlapping factor structures point to the basic dimensions of distress applicable to all people, with the differences in factor structures pointing to the sex differences involved. 17 references.

**923. Villeponteaux, Lorenz, Jr. Crisis intervention in a day school for delinquents. *Crime and Delinquency*, 16(3): 317-323, 1970.**

The concept of crisis intervention, which until recently has been relegated mainly to a preventive role in the field of mental health, may also be useful to correctional workers. A day care program for delinquent boys has innovated a specialized technique involving the evocation of crises and the subsequent handling of them in a therapeutic manner. Discussion is presented of the development of this technique, the underlying theories, and the effectiveness of such a technique in dealing with adolescents who are acting out. 16 references. (Author abstract)

**924. Vygotsky, L.S. Play and its role in the mental development of the child.** ***Soviet Psychology,*** **5(3):6-18, 1967.**

Play is usually defined incorrectly on the basis of the pleasure it gives. It is equally wrong, however, to overintellectualize a theory of play. A more appropriate theory takes into consideration the child's need, inclinations, and motives to act, as these change with each developmental stage of growth. In a like manner, the child's ability to cope with these needs improves with each stage of life. The creation of an imaginary situation is an essential criterion to distinguishing play activity. The assimilation of external rules into a child's behavior pattern is greatly influenced by the practice the child acquires at rule conformity within imaginary situations or play. The dichotomy between these two rule constructs (external and internal) is described by Piaget. Play also provides the child with the initial opportunity for separating meaning from objects, and operates as a transitional phase in the growth of reality perception and the creation of the concept of meaning. The child accomplishes transfer of meaning when he accepts a word as the property of a thing; he does not see the word but the thing it designates. Adherance to rules in play prepares the child for the necessity of postponing action on impulse in favor of more distant conceptual rewards as experienced in reality. This, in turn, instills the child with a new set of desires, needs, and motives. An analysis of the role of play in a child's mental development leads us to the conclusion that play is not the predominant feature of childhood, but is a leading factor in development. Play is purposeful activity for the child, carrying him from imaginary situations to real situations through reproduction of real meanings and rules in the context of play. The ultimate result of play activity in the preschool child is a transition from situations in thought to real situations by means of internalized movement by the child from the semantic to the visible fields of meaning.

**925. Wachtel, Paul L. Anxiety, attention, and coping with threat.** ***Journal of Abnormal Psychology,*** **73(2):137-143, 1968.**

The investigator hypothesized that anxiety provoked by threat over which 70 male students had no control would lead to reduced responsiveness to stimuli in the periphery of attention, but that no such effect would be evident when s had a means of coping with the threat. Ss threatened with shock performed no differently than the control group on a tracking task occupying the center of their attention, but had significantly longer RT's to lights which went on occasionally at the periphery of their visual field. Ss told they could avoid the shock with good performance showed no such increase in RT. The effects of anxiety are discussed in terms of attentional changes. 17 references.

**926. Wagenfeld, Morton O. The primary prevention of mental illness: A sociological perspective. *Journal of Health and Social Behavior,* 13(2):195-203, 1972.**

An examination of empirical evidence largely fails to support the notion that mental illness is etiologically or sequentially associated with social conditions such as poverty and racism. Belief in the efficacy of primary prevention rests on ideological grounds. Some of the logical implications of these ideologies are examined and their significance for the future of mental health programs is assessed. 51 references. (Author abstract modified)

**927. Walizer, Michael Howard. Socialization to competence and the structure of higher education. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-13519 (HC, $10; MF, $4). 131 pp.**

A theoretical model is described for investigating the outcomes of socializing agencies. Socialization outcomes are viewed as changes in the personality system pursuant with competence in a learning society. Competence is seen to be the ability to adjust and adapt to new and changing role demands. Socializing agencies, in particular institutions of higher education, are viewed in terms of their social structure. A preliminary test of the theoretical framework was carried out by means of a secondary analysis of a portion of the data from the nationwide study "Beyond High School," which yielded a number of demographic factors related to students and their communities. Competence in a learning society was measured by the social maturity scale of the Omnibus Personality Inventory for a selected group of college students. Regression equations representing analytic models of precollegiate socialization background, college structure, and a synthesis of background and college features were constructed and multiple correlation coefficients computed. The results supported the hypothesis that personality change can be seen as a function of college structure. In addition, the analysis supports the hypothesis that the explanatory power of an analytic model containing both college structure variables and precollegiate socialization background variables is greater than the explanatory power of a model containing only background variables. (Journal abstract modified)

**928. Wallach, Michael A., and Gahm, Ruthellen C. Personality functions of graphic constriction and expansiveness.** ***Journal of Personality*, 28(1):73-88, 1960.**

The personality functions of graphic constriction and expansiveness were studied using 76 female undergraduate students as subjects. Graphic constriction-expansiveness was measured in terms of the amount of area filled with doodling in a procedure designed to elicit expressive graphic designs, and personality measures included were the neuroticism and extraversion scales from the Maudsley Personality Inventory, and the Emotional Extraversion Scale from the Minnesota T-S-E Inventory. Results indicated that social introverts high in anxiety level were more expansive graphically than nonanxious social introverts, while social extraverts high in anxiety were more constricted graphically than nonanxious social extraverts. Nonanxious extraverts were also more expansive graphically than nonanxious introverts, while anxious extraverts were more constricted graphically than anxious introverts. It was concluded that graphic constriction or expansiveness may serve as a covert expression of tendencies to move away from (social introversion) or toward (social extraversion) others, respectively. The success or failure of each of these modes of overt social adaptation may be judged from the attendant anxiety level of the individual, with high anxiety indicating a failure of adaptation. This theory was extended throughout its ramifications. 24 references.

**929. Walton, Maxine; Reeves, Gloria D.; and Shannon, Robert F. Crisis team intervention in school-community unrest.** ***Social Casework*, 52(1):11-17, 1971.**

A new professional identity for the social worker as part of a crisis team is outlined. The primary focus is on the application of the crisis intervention approach in two separate school community conflict situations. The following subjects are presented for discussion and evaluation: (1) function of crisis team and the broad community framework for school community conflict; (2) profiles of community 1 and 2; (3) strategies of community 1 and 2 groups as related to purpose and style; (4) attitudes of school administrators, staff, and community to team intervention; (5) strategy of crisis team; (6) results of crisis team intervention; (7) the necessity of a power base; and (8) implications for a broader professional identity for the social worker as mediator, enabler, advocate, stabilizer, organizer, and developer. With the community sharing in decisionmaking, there is the heightened probability of widespread disruption of the educational program. School systems require an effective, well-formulated mechanism to deal with conflict. The primary responsibility for solving school community problems rests with the school system. The team approach, if utilized properly, provides a tool whereby conflict can be resolved. Changed circumstances within the school community complex necessitate the emergence of a new social work entity that is experimental, innovative, and adaptable to emergent needs and demands. 2 references. (Author abstract modified)

**930. Walton, Richard E.** ***Interpersonal Peacemaking: Confrontations and Third Party Interventions.*** **Springfield, Va.: NTIS, AD-683785.**

The theory and practice of constructive third party interventions into two party conflict is presented. The empirical basis of the report are three case histories of interpersonal conflict in organizations and third party consultation, but the principles derived are more generally applicable. A diagnostic model distinguishes among several aspects of conflict cycles, namely, issues, triggering events, tactical exchanges, and conflict consequences. Each is an alternate focus for third party control efforts. Whether confrontations between conflict principals will lead to resolution or better control rather than greater conflict depends upon the presence of certain conditions in the confrontation setting, namely, mutual motivation to better manage the conflict, relative parity in situational power, synchronization of principals' negative and positive moves, sources of social support and process expertise, group norms favoring openness, adequate dialogue language, and optimal tension level. The analysis illustrates how third parties can favorably influence these conditions, particularly if the third party has the following optimum role attributes: high professional expertise regarding social processes; low power over fate of principals; high control over confrontation setting and processes; moderate knowledge about the principals, issues, and background factors; and neutrality or balance with respect to substantive outcome, personal relationships, and conflict resolution methodology. 16 references. (Author abstract modified)

**931. Ward, William D., and Day, Charles R. Manifest anxiety as related to perceived similarity to peers.** ***Psychological Reports,*** **26(1):247-250, 1970.**

Eight college students were involved in testing the hypotheses that peer identification would be negatively associated with adjustment and that peer identification would be more important to the adjustment of the females than to the adjustment of the males. Perceived similarity to a peer (PSP) was measured with the role construct repertory test, and the Taylor Manifest Anxiety

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Scale was the adjustment index. A 2 × 2 factorial design, sex by PSP, with MAS scores as the dependent variable, was used. High PSP subjects differed significantly from low PSP ss, and the main effect for sex and the sex by PSP interaction were not significant. Cell comparisons, however, suggested that the males were more responsible for the main effect than the females were. The first hypothesis was clearly supported, and the trend opposite to the second hypothesis was noted. 7 references. (Author abstract)

**932. Warren, Marguerite A. "A Differential Intervention Model Aimed at Pre-delinquent and Other Vulnerable Children." Unpublished paper, Center for Training in Differential Training, 1970.**

The theoretical basis used in a discussion of delinquency prevention, the interpersonal maturity theory, supportive data for the theory in the form of differential treatment project reports, identification of vulnerable children, and a differential intervention plan are discussed. The intervention effort, especially with those children identified at the earlier screening point, will need to be both long-term and comprehensive. The goal would be a modification in underlying causes rather than in symptomatology only. The goals include the development of socially acceptable behavior, a modification of unacceptable behavior, and increasing the social psychological development of a problem child to that typical of the child's own age group. Intervention plans for individual children would be based on the child's social development, ways of looking at the world, needs, and possible difficulties, as well as the family situation. The intervention elements, from which the plan for a particular child would be drawn, include: out-of-home placement facilities; educational facilities for families; treatment facilities for families; differential community resources; special activity groups; crisis intervention service; nonprofessional volunteers matched with individual children; training resources for these volunteers; professional treatment personnel; and consultants. 34 references.

**933. Wass, Judith R. Nursing the patient after heart surgery. *Canadian Nurse,* 65(1):35-37, 1969.**

The nurse's role in the recovery of patients who have undergone cardiac surgery includes reassurance and emotional support both before and after the operation. In addition to her functions in the medical areas, the nurse can have an important influence on patients' psychological responses to the tensions and uncertainties of their experiences. Intensive care unit environment can exhaust a patient; perceptual illusion or auditory and visual hallucinations

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often follow open heart surgery. Such considerations as privacy, the limits placed on patients' movement by such things as monitoring equipment and arterial and venous pressure lines, the activities of numerous specialists and technicians—all can be made easier and more understandable for the patient with the help of the nurse's attention and actions. She is in an excellent position to recognize psychological changes and help the patient to cope with them. 7 references.

**934. Watanabe, Shizuko, and Ikeda, Shin. A study on curriculum in accordance with the characteristics of the children with the defect in visual and auditory senses—part 2; Defect in auditory sense. *Tokyo Toritsu Kyoiku Kenkyujo Kiyo* (Tokyo), 4:227-256, 1970.**

Findings from a 3-year research program on educational curricula for children with auditory defects are discussed. The program included surveys on family background, personal history, extent of auditory defects, interpersonal competence, and social behavior. Although the formation of basic life habits and working skills was similar to normal children, the group behavior and emotional self-control of the aurally handicapped children were inferior. A diversified preschool education program is recommended for these children.

**935. Weber, George H., and Haberlein, Bernard J. Intake and orientation in institutions for epileptic children. *Mental Hygiene*, 51(4):566-573, 1967.**

A description of intake and orientation procedures in institutions for epileptic children is presented. The most important element of orientation is the dispelling of unrealistic expectations or fears. The staff should be familiar with the child before his arrival, and any special equipment that might be needed should be available. The intake worker should create the appropriate emotional climate and give encouragement and explanations where necessary. Longer term patients can help in the process of adjustment in addition to staff members. An orientation handbook is considered helpful as are discussion groups. Four weeks or less is considered ample for the orientation process. Any program must focus on immediate problems but should not lose sight of the ultimate goal of eventual return to the community. 4 references.

**936. Webster, Roderick P.; Thomas, Derek A.; and Hoghughi, Masud A. Social immaturity of approved school boys. *Community Schools Gazette*, 65(8):437-446, 1971.**

The Manchester Scales of Social Adaptation were used to study social maturity of 28 young offenders in Britain. The scales are composed of 2 separate parts: a scale of social perspective bearing on cognitive aspects of social competence and a scale of self-direction relating to practical aspects. Offenders scored lower than normal boys on the overall test. If items on the social perspective scale are considered, there is marked similarity with the general knowledge subtest of the Wechsler Intelligence Scale for Children on which young offenders score low. Findings suggest that, for the most part, recidivist delinquents are as mature or socially competent as the normal population. But serious questions as to the validity of the scale when used with delinquents remain unanswered. Taken at face value, approved school boys show poorer social adaptation than normal boys. However, the scales are inadequately standardized and validity data are virtually nonexistent. 5 references.

**937. Wechsler, James A.; Wechsler, Nancy F.; and Karpf, Holly W.** ***In a Darkness.* [*The Impact on a Family of the Severe Mental Illness and Subsequent Suicide of a Son.*] New York: W.W. Norton, 1972.**

The struggles of a family to cope with the severe mental illness and subsequent suicide of a son are described. The father traces his perception of the son's 10 years of involvement with eight psychotherapists. The ambiguities, uncertainties, miscommunications, and restricted confidences preceding the suicide are described. It is suggested that the long illness was influenced deleteriously by inadequate communication among the different people who wished to help the son. The need for adequate exchange of information and feeling among all people involved with a mentally ill person is stressed. The confusion and uncertainty of the social system about the roles people deeply involved in the case should have fulfilled is also shown. The son's own writings describing his mental illness are included.

**938. Wedell, Klaus. Perceptual-motor factors. *Journal of Special Education,* 4(3):323-331, 1970.**

In a discussion of perceptual motor factors in the early identification of learning difficulties the following topics are explored: the meaning of perceptual motor process; whether there are individual differences in their functioning in young children; whether such differences are related to educational and social competence at a later age; and whether awareness of the relevant differences at an early age can be increased. It is concluded that perceptual and perceptual-motor skills influence behavioral and educational competence in rather indirect ways. Except in cases of severe disability, prediction of later from early function is likely to be unreliable. It does appear that current research may indicate the kinds of problems which, when found in children at an early age, may lead to later educational difficulties. However, the actual consequences of such problems depend both on the child's own capacity to solve them and on the help available to him. 17 references.

**939. Weinberger, Gerald; Leventhal, Theodore; and Beckman, George. The management of a chronic school phobic through the use of consultation with school personnel.** ***Psychology in the Schools,*** **10(1):83-88, 1973.**

The problem of school phobia (fear of attending school) is discussed in terms of a case example. A 15-year-old girl with high intelligence and achievement test scores had chronic attendance problems at school. It was found that cases of school phobia in both an acute and chronic form frequently can be managed by schools with the aid of the consultant, or school psychologist. Such treatment is often most effective in the original arena, the school, rather than in an office far removed from the source of the anxiety. Coping with the actual anxiety directly, rather than merely talking about it, is also seen as facilitative to a return to school. It is also more difficult and more potentially frightening for school personnel, and their anxiety is reduced by the presence of the consultant who not only offers concrete advice, but also anticipates the responses of the child and parents. 3 references.

**940. Weiner, Irving B. Psychodynamic aspects of learning disability: The passive-aggressive underachiever.** ***Journal of School Psychology,*** **9(3):246-251, 1971.**

The psychodynamic factors most commonly responsible for academic underachievement in adolescents include: (1) a significant amount of underlying hostility, usually toward parents, that cannot be directly expressed; (2) concerns about rivalry with parents and siblings that lead to marked fears of failure or of success; and (3) a preference for passive-aggressive modes of coping with difficult situations. The learning difficulties determined by the combined impact of these psychodynamic factors are discussed, and it is shown that they constitute a fairly specific pattern of psychological disturbance that can be labeled passive-aggressive underachievement. 19 references. (Author abstract modified)

**941. Weintraub, Sheldon A. Self-control as a correlate of an internalizing-externalizing symptom dimension.** ***Abnormal Child Psychology,*** **1(3):292-307, 1973.**

The construct of self-control was explored as a correlate of the internalizing-externalizing symptom dimension. Ss were 11-13-year-old boys including 26 internalizers with neuroticlike behavior problems, 40 externalizers with acting-out behavior problems, and 26 normals. Each group was equally divided on the basis of social class status. Results of measures on delay of gratification, reflection-impulsivity, and foresight and planning indicated that the normals exhibited the greatest degree of self-control and the externalizers the least, while the internalizers maintained an intermediate position. Consistent social-class differences were not found, but the factor of social class did heighten the differences within the internalizers and externalizers.

**942. Weisman, Avery D., and Kastenbaum, Robert. *The Psychological Autopsy. A Study of the Terminal Phase of Life.* New York: Behavioral Publications, 1968.**

A terminal illness is a psychosocial as well as a medical event; what causes a person to become ill, enter the preterminal phase, and die at a particular time cannot always be ascribed entirely to a disease process. The psychological autopsy, analogous in some respects to the somatic autopsy, emphasizes the preterminal and terminal phases of life, which are reconstructed in a multidisciplinary conference in order to clarify the psychosocial components of death. Such a reconstruction for 80 elderly male and female geriatric patients was divided into four stages: (1) prehospital situation; (2) hospital course; (3) preterminal period; and (4) final illness. It was concerned with circumstances leading to hospitalization, institutional adjustment and relationships, and the precipitating medical, social, and psychiatric events that initiated the lapse into terminal illness. During the preterminal period, mental status, level of consciousness, and terminal symptoms were examined not as isolated medical events but from the broad base of behavioral and interpersonal changes. It was found that the aged do not generally lose contact with reality, and fear of dying was rarely observed. Research and practice potentialities of the psychological autopsy are noted. 50 references.

**943. Weiss, Henry H., and Pizer, Evan F. Hospitalizing the young: Is it for their own good? *Mental Hygiene,* 54(4):498-502, 1970.**

Psychiatric admission practices of hospitals are examined in a review of research on hospitalization and its effects on youth. The advisability of hospitalization for children and adolescents is questioned on the basis that their admission for treatment may have long-term deleterious effects on them. Among these effects are the stigma attached to hospitalization, the impact on self-concept, reduced opportunities for future self-determination and the possibility of diminished social competence. Juveniles should not be denied hospitalization for treatment when indicated, but this action should only be taken after careful deliberation of all the consequences. 12 references. (Journal abstract modified)

**944. Weiss, Jay M. Effects of punishing the coping response (conflict) on stress pathology in rats.** ***Journal of Comparative & Physiological Psychology,*** **77(1):14-21, 1971.**

The effects of punishing the coping response (conflict) on stress pathology in rats were investigated. When rats avoid and/or escape electric shock that is preceded by a warning signal, little gastric ulceration normally develops under conditions used previously. In the present experiment, severe gastric ulceration developed under these conditions when animals were given a brief punishment shock each time they performed the avoidance-escape response, and thus were exposed to a conflict situation. Yoked helpless animals did not develop as much ulceration as avoidance escape animals, showing that coping behavior can, under certain circumstances, be more ulcerogenic than helplessness. These results were predicted by a proposed theory that relates ulceration to certain psychological (or behavioral) variables. It is concluded that this theory and the notion of conflict do not constitute an independent explanation but that the theory subsumes conflict. An explanation is derived for why conflict situations are particularly pathogenic. 17 references. (Author abstract modified)

**945. Weiss, Jay M. Effects of coping behavior with and without a feedback signal on stress pathology in rats.** ***Journal of Comparative & Physiological Psychology,*** **77(1):22-30, 1971.**

The effects of coping behavior with and without a feedback signal on stress pathology in rats were investigated. When rats avoid and/or escape electric shock that is not preceded by a warning signal, considerable gastric ulceration normally develops under conditions used previously. In the present experiment, very little ulceration developed under these conditions when animals were given a brief feedback signal after each avoidance-escape response. These animals showed only slightly more ulceration than nonshock controls and much less ulceration than either animals which could also avoid and escape shock but had no feedback signal or yoked helpless animals. These results, showing that excellent response feedback will greatly reduce or even eliminate ulceration, is predicted by proposed theory. This theory can also account for the executive monkey phenomenon, and the explanation for this atypical effect is presented. 11 references. (Author abstract modified)

**946. Weissman, Sidney. The significance of diagnosis in the treatment of narcotics addicts. *International Journal of the Addictions*, 5(4):717-730, 1970.**

An evaluation is made of the various ways in which relevant diagnostic material can be obtained from narcotic addicts who are voluntarily seeking treatment. The narcotic addicts were studied in two different fashions. Both means of evaluation revealed the expected high incidence of sociopathic behavior. Furthermore, both methods of evaluation revealed a significant degree of depression in the narcotic addicts studied. It is felt that the antisocial behavior in the addict is a means the addict uses of discharging inner tensions and a means of avoiding the feeling of depression. In some addicts, this means is ineffective and they appear depressed but do not feel depressed. Other addicts, indeed, feel the depression. A final group of addicts have not been able to find enough means of discharge to cope with inner tensions and depression; they appear chronically overwhelmed by anxiety. The prime defect in the addict's personality is felt to be his inability to bind internal tensions. Successful treatment approaches are ones which can facilitate the binding of internal tension and the coping with depression in a manner which is acceptable to society. For this to be done, the addict will need to be involved in treatment for many years while living in the community. 14 references. (Author abstract modified)

**947. Weisz, Alfred E.; Staight, Donald C.; Houts, Peter S.; and Voten, Michael P. Suicide threats, suicide attempts and the emergency psychiatrist. In: *Fourth International Conference for Suicide Prevention*. Los Angeles: Delmar Publishing Co., 1968. pp 227-251.**

A study was made of 10 residents' experiences with three types of patients on an emergency psychiatric service: suicide threateners (N=23); suicide attempters (N=34); and nonsuicidal patients (85N=142). Attitudes of patients and therapists toward each other were studied, using hospital reports, questionnaires, and interviews. It was found that women were significantly overrepresented in the attempter group relative to the nonsuicidal group. Threateners and attempters were similar, and differed from nonsuicidal patients, in that they were more likely to come to the emergency service between 5 p.m. and 8 a.m. Threateners were significantly more often given a diagnosis of neurotic reaction (based on the presence of anxiety or depression symptoms) and attempters more often diagnosed as character disorders. Attempters were less often self-referred and less willing to be treated than the other two groups, and were rated as less satisfied with their treatment. Therapists' ratings of their satisfaction with the patient contact did not differ for the three groups. A higher percentage of nonsuicidal patients reported immediate relief following contact with the therapist. Therapists were more likely to counsel others relative to the attempters and less likely to give the attempters medication. More threateners and attempters than nonsuicidal patients were referred for hospitalization, and more were recommended for no further psychotherapy. Implications for crisis intervention training include: Workers should be warned to expect recalcitrance from suicide attempters; symptoms and diagnoses should be reconsidered to determine whether the patient's report is too readily accepted; therapists should be trained to recognize and direct counseling toward destructive dependency relations between the patient and others; and aggressive "case finding" techniques are needed to avoid giving in to patients' resistance to therapy. 43 references.

**948. Well, Thomas C., and Cam, O.S. The first international congress of suicidology and social psychiatry. *Bulletin of Suicidology*, 8:77-78, 1971.**

Proceedings of the First International Congress of Suicidology and Social Psychiatry are reviewed. Papers focusing on descriptive reporting, case analysis, and epidemiological reports of the incidence and prevalence of suicide in respective countries were presented. Several papers that seemed particularly relevant to contemporary suicide prevention efforts included: a comparative and followup study of attempted suicide; preliminary 2-year study of suicidality on an open milieu therapy unit; alcoholics' personality and suicide; the mobilization of lay help in suicide prevention; and the appellative function of the suicide attempt.

**949. Welu, Thomas C. Psychological reactions of emergency room staff to suicide attempters. *Omega*, 3(2):103-109, 1972.**

The psychological reactions of emergency room staff to suicide attempters is examined. Although many attempted suicides receive their first medical aid in the hospital emergency room, many attending physicians appear unsympathetic and sometimes provide medical treatment in a punitive fashion. Nurses respond somewhat more appropriately. An appropriate model for treating the suicide attempter upon arrival at the emergency room should consist of: (1) immediate medical treatment; and (2) psychological support given that includes the communication that life is still worth living. The possible causes for negative reactions of the staff are discussed. The following recommendations are made: (1) The emergency room staff should become the focal point of an intensive education process which would emphasize the knowledge accumulated from research and clinical experiences concerning suicide; (2) to help insure that psychological support is part of the treatment modality for suicide attempters, the emergency room staff should be required to indicate on the medical charts of these patients a short description of what psychological support was given; (3) the emergency room staff should be considered as professionals who could be active in crisis intervention; and (4) medical and nursing schools must place more emphasis on the psychosocial components of man in their curriculum. 11 references. (Author abstract modified)

**950. Welu, T. Evaluating a special program for suicide attempters—A preliminary report. In: Miller, L., ed. *4th International Congress of Social Psychiatry: Abstract of Papers.* Jerusalem: AHVA Cooperative, 1972. pp. 141-142.**

In an abstract of a paper presented at the Fourth International Congress of Social Psychiatry, a research project in progress which evaluates the effectiveness of a special out-reach program of a community mental health center for attempted suicides seen in the emergency room of a large university hospital is reported. This evaluation involves comparing patients in an indicating experimental group receiving the special treatment with patients receiving the normal treatment progam. The basis of comparison is the following evaluative criteria: (1) depression level; (2) degree of adaptation into the community; (3) incidence of attempted and completed suicides; and (4) incidence of self-destructive behavior. Treatment modalities utilized as well as descriptive data are recorded for both groups. There is evidence that the adaptive suicide often rejects the services and treatment offered by the mental health care system. In addition, the therapists who comprise the therapy-giving element of such a system seem frequently to reject the attempted suicide. The data thus far collected are analyzed and some preliminary interpretations are given. (Author abstract modified)

**951. Welu, Thomas Clarence. Evaluating a special program for suicide attempters. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 73-21341 (HC, $10; MF, $4).**

A special outreach program was developed for suicide attempters to encourage them to accept treatment. The program was evaluated by comparing incidence of suicide attempts in ss receiving the treatment with that of those who received normal consideration. Major findings regarding community adaptation, incidence of depression, and self-destructive behavior are: (1) Ss receiving the special program had a significantly reduced rate of overall self-destructive behavior, including fewer suicide reattempts and less excessive use of alcohol and drugs, while purposive accidents occurred at a relatively equal rate among experimental and comparison groups; (2) followup and continuity of care given the normal treatment program was noticeably deficient; (3) ss were cooperative in taking part in the program and allowed followup study; and (4) experimental ss did not improve significantly with regard to depression and community adaptation. (Journal abstract modified)

**952. Wertz, Frederick J. The disadvantaged adolescent: A psychodynamic evaluation. *Journal of the Medical Society of New Jersey*, 66(9):499-506, 1969.**

Psychiatry, sociology, and education must all be referred to in order to understand the personality of the disadvantaged adolescent. A healthy personality is developed by a process of identification which is divided into three components: self-identity, family identity, and social identity. Case histories of two disadvantaged children are presented to point out the shortcomings in these three components which would explain their maladjusted personalities. Ideally, self-identification with healthy parental figures in the first few years of life is the foundation of normal character development. Healthy family identification is necessary in supporting and strengthening self-identification. In both self-identification and family identification, background and character structure of the parents is of primary importance. Thus, intergenerational influences are important. Self-identity and family identity are determined by social identity. The latter encompasses economic status, educational background, and cultural influences such as values, beliefs, and attitudes. The identity crisis which arises as a normal part of adolescent development is dealt with only as successfully as the child has been allowed to develop and integrate the three phases of his identification. 10 references.

**953. White, Benjamin V., and White, Helen. Human adaptation to stress and change. In: *The Excitement of Change*. New York: Seabury Press, 1975.**

Autobiographical notes of a clinical psychologist and his wife, an educational psychologist and remedial teacher, on the nature of human maturation and adaptation to stress and change are presented. Based on firm but liberal religious convictions, their philosophy is described in eight stages of growth: (1) suffering and despair; (2) bewilderment; (3) a request for help; (4) openness to an empathic response from others; (5) an expectancy, hope, or formation of faith; (6) sharing of such formations; (7) the healing power of work in and through vocations, professions, and/or art; and (8) appreciation of tradition and ritual in the growing excitement of change. Illustrative case material and theoretical contributions from biblical personalities as well as modern theorists such as Einstein, Schweitzer, Jung, and Rogers are included.

**954. White, Robert W. The urge towards competence. *American Journal of Occupational Therapy,* 25(6):271-274, 1971.**

The emerging need for more professional competence in respect to occupational therapy is discussed and practical implications in this area indicated. It is stressed that the most conspicuous trends in psychological theory before 1950 made little room for self-initiated, self-rewarding activity. This aspect of behavior was restored to serious consideration by research on exploratory and playful behavior in young animals and children. It is suggested that such behavior has the basic function of developing competence in dealing with the environment, and that sense of competence is a vital aspect of self-esteem. Practical workers need to become as sharply aware of a client's competence and feeling of competence as they now are of anxieties, defensiveness, love, and hate. Under current conditions of extended mental health care, the habit of attention to competence may suggest valuable innovations in the giving of service. 7 references. (Author abstract modified)

**955. Whitis, Peter R. The legacy of a child's suicide. *Family Process,* 7(2):159-169, 1968.**

A detailed case report of a 10-year-old boy whose older brother had committed suicide provides data on the survivor's responses and on the use of individual and family therapy. Incidence figures on childhood suicide are probably underestimates: Many childhood deaths are designated accidental to protect the family from stigma or because the facts are not fully known. Between the ages of 15 and 19, suicide is a leading cause of death. Recent findings indicate that death of a child by suicide has the potential for considerable pathology for the bereaved. Prompt therapeutic intervention is needed to assist survivors in working through the unique grief process following such a trauma, unhampered by exorbitant shame, irrational guilt, and distorted communication processes. The work of the suicidologist should continue after the fatal suicide act, both to aid the survivors and to increase knowledge about the more adaptive responses of family members to suicide. 11 references.

**956. Whitman, Roy M., and Stock, Dorothy. The group focal conflict.** ***Psychiatry: Journal for the Study of Interpersonal Processes,*** **21(3):269-276, 1958.**

A new approach to the study of group interaction which is derived from both psychoanalysis and group dynamics was described. The underlying principles of the approach assume that behavior is problem solving and that problems are dealt with one at a time. The primary concept is that of the focal conflict between a disturbing impulse and a reactive motive, which leads to varying solutions and attempts at solution. A therapy group consisting of eight patients met with a therapist and an observer for 15 1½-hour sessions. The therapist and observer selected three sessions which were considered to be crucial, and these were examined closely. In the first crucial episode (session 7), the members shared approximately the same intrapersonal problem, but offered different and conflicting solutions. While most members seemed ready to form a commitment to the group, one member was not. This was seen in terms of an individual focal conflict, which was different from the group focal conflict and was resolved in a way that brought the recalcitrant member into the group. Following his integration in the next session (session 8), the members' trust of one another seemed to increase, and several could relate highly personal stories. It seems that the working through of a group focal conflict or solutional conflict allows the members to reveal and work on their personal problems at both the conscious and unconscious level. In the following session (session 9), another crucial episode, and new group focal conflict, arose from a specific precipitating event. The group put forth a solution that was not in agreement with the therapist's goals, and this led to a group solutional conflict. In all these sessions, a distinction is made between the focal and nuclear conflicts, in that successive and modified focal conflicts relating to the same nuclear conflict are likely to appear, and this can occur at the group and individual levels. A real problem in therapy arises when the group doubts its own members. From the analysis of the sessions, it can be seen that crucial episodes alternated with productive sessions, due to the working through of group resistances. This theory of focal conflict can be applied to other groups, and there are some striking parallels between it and Lewin's Force Field Theory. 5 references.

**957. Whittaker, David. The psychological adjustment of intellectual nonconformist, collegiate dropouts.** ***Adolescence,*** **6(24):415-424, 1971.**

One hundred fifty-one members of the nonstudent population in Berkeley were compared to a random sample of the University of

California student body at Berkeley in a psychological study. The obtained data indicate that there is greater intellectual disposition, highly creative personality, and esthetic interest among nonstudents, but these individuals show a relatively strong tendency for nonconformity and attrition. In contrast, members of the student body were superior in emotional adjustment. It is uncertain how accurately the data reflect the interaction of psychological development with family upbringing and environmental conditions, but it appears, nevertheless, that nonstudents reveal a need for prolonged and stressful adjustment to social reality. 21 references.

**958. Whittemore, Kenneth Robert. Role failure and suicide: A sociological analysis of completed and attempted suicides in Los Angeles. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-3046 (HC, $10; MF, $4). 89 pp.**

The basic nature of human suicidal behavior was investigated within a sociological framework. Suicide is seen as being both an example of the retreatist mode of deviant adaptation and as the end result of a sequence of double failure in both prescribed and proscribed social roles. The hypotheses suggested by the theoretical view of suicide were tested by the systematic analysis of the life histories of 59 suicides. The test results confirmed the expectations of the specific hypotheses derived from the theoretic overview of suicide as the mode of adaptation to the experience of double failure. Indeed, only 10 percent of the suicide population had not experienced a form of double failure, or had been identified with type one situations. That is, 6 of the 59 cases did not demonstrate any of the predicted behavior patterns and must be considered as deviant cases. (Journal abstract modified)

**959. Wieder, Herbert. Intellectuality: Aspects of its development from the analysis of a precocious four-and-a-half-year-old boy. *Psychoanalytic Study of the Child,* 21:314-323, 1966.**

The discussion of precocious intellectuality in a 4-year-old boy investigates the reasons for its development in this case. His history and analytic data clearly depict the babbling period as an important early phase in the evolution of intellectuality. The functions of learning and intellectualization were principally used as means of reducing tension and anxiety and of achieving adaptive ends. By the time he was 4 years old, his intellectuality was dramatically overworked. Talking, ruminating, learning, and teaching constituted his preferred mode of discharging or coping with aggressive and libidinal drives, mastering anxiety, establishing

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relationships, and acquiring new knowledge. This level of intellectuality emerged from the more primitive phase of babbling, which in turn evolved from an even more primordial structure. 43 references.

**960. Wild, Bradford S., and Hanes, Carolyn. A dynamic conceptual framework of generalized adaptation to stressful stimuli. *Psychological Reports*, 38(1):319-334, 1976.**

The currently popular definitions and theoretical arguments of the so-called stress perspective are reviewed with the purpose of integrating this material into one general paradigm. The literature has been concerned primarily with two parallel processes that purport to account for the individual's coping and adaptive behavior, one characterized by the interplay of internal, psychological forces, and the other by external, environmental factors. These two general processes have been integrated by expanding upon the general models presented by Dohrenwend to include important feedback processes. It is argued that adaptation to stress is a dynamic process, and that the failure to adapt is often the result of a continuing process of past failures by the organism to cope effectively with less severe stressful stimuli, each failure feeding back to affect future attempts to cope with new environmental demands. The implications of the approach for future empirical investigations are outlined. 29 references. (Author abstract)

**961. Wilke, H.J. Problems in heart neurosis. *Journal of Analytical Psychology* (London), 16(2):149-162, 1971.**

A discussion is presented on the problems involved in heart neurosis, including its psychosomatic nature and factors involved in diagnosing symptoms. In the heart neurotic there is a psychic structure characterized by the dominance of the mother complex, originating in the early phases of the mother-child relationship. In its disposition it shows characteristics of the moon mother, a distant governess of nature, who remains in darkness or in twilight. The high energy content of the mother complex shows itself most clearly in disturbances of orientation. The predominance of the mother complex is correlated with far-reaching disturbances in the development of all other psychic structures. Reality adaptation and the development of the persona are hindered. An integration of the shadow is impossible, for the ego remains infantile and dependent on the mother image. The development of the animus is similarly directed by the mother image, while in men the anima can remain extremely infantile. An immaturity of personality results from these developmental disturbances—an immaturity which may prevent the natural process of individuation. Typologically the picture is characterized by the absence of a clearly formed dominant function, and a distorted sensation function is evident. An extravert attitude is predominant, but its development is hindered at an early stage. Several case studies are included in support of this thesis. 17 references. (Author abstract modified)

**962. Willems, Edwin P., and Raush, Harold L. *Naturalistic Viewpoints in Psychological Research*. New York: Holt, Rinehart and Winston, 1969.**

This book contains 10 chapters devoted to demonstrating that naturalistic psychological research is uniquely suited to certain investigative purposes, building the methodological rationale for naturalistic research and undermining some unnecessarily negative sentiments toward naturalistic research. The first three chapters deal with arguments from general naturalistic perspectives and suggest the fundamental importance of naturalistic research in mapping and filling in the gaps in our understanding of behavior as we find it in common, everyday experience. S.B. Sels discusses ecology and the science of psychology; R.G. Barker discusses the need for an ecobehavioral science; and E.P. Wilkins deals with planning a rationale for naturalistic research. The next four chapters discuss naturalistic viewpoints within more circumscribed areas. E.W. Menzel investigates naturalistic and experimental approaches to primate behavior; H.L. Raush deals with naturalistic method and the clinical approach; L. Sechrest applies naturalistic research to the assessment of attitudes; and D. Gutmann discusses psychological naturalism in cross-cultural studies. The last three chapters deal with arguments for naturalistic research from three programs of research. J.G. Kelly discusses naturalistic observations in contrasting social environments; P.V. Gump deals with the ecology of learning in the third-grade classroom; and J.L. Kavanau describes the behavior of captive, white-footed mice. The editors' comments appear throughout. 386 references.

**963. Williams, Cicely. Pediatric perceptions: Witch doctors. *Pediatrics*, 46(3):448-455, 1970.**

A descriptive survey of fetishistic and verbalistic magical cures found in Africa and Asia is presented. The supernatural in West Africa is an integral part of life. Physicians asking any of 200 patients seen in a day what was the matter would receive the answer that a witch looked at him or a thunderbolt fell on him (the evidence for the latter being a depressed fontanelle). When small neighborhood meeting places for regular and frequent supervision were established, clients were slowly transformed and learned to correlate cause and effect. Other addictions to the supernatural included: the dedication of a new arrival to a fetish if several previous children had died young; unlucky words (e.g. kwashiorkor); and the wearing of charms for therapeutic as well as identification purposes. It is apparently quite possible to change many of the more damaging customs if one takes the trouble to explain them. The people as a whole are very patient with mentally defective children whom they don't want sent away. Forms of occupational therapy are used to treat mental diseases, especially among females in native villages. In East Africa, girls are deprived of most of the good protein food due to traditions and taboos concerning nutrition. Much has been made of the savage practices, horrifying ritual, senseless cruelty, and occasional spectacular cure of so-called witch doctors. However, they are often able to inspire a sense of relaxed confidence as there is empathy and sympathy and usually a reciprocal respect and good manners between patient and practitioner. The author concludes that while magical cures seldom deserve serious medical attention, the physician should not too quickly discount the therapeutic value of supernatural medical practices. 7 references.

**964. Williams, David. The menopause.** ***Nursing Mirror and Midwives Journal*** **(London), 134(25):36, 1972.**

Menopause, or "change of life," is the period of declining ovarian function prior to the cessation of menstruation which, in most women, begins sometime before age 50. During this time, as intervals between normal periods increase sometimes to several months, a large number of women experience unpleasant symptoms including hot flashes, palpitations, emotional upset, and depression. Social and life style changes, along with fear of pregnancy which often occur simultaneously with changes in ovarian function between ages 40 and 50, can contribute to the difficulties associated with menopause. The hot flashes, thought to be caused by an increased secretion of gonadotrophin by the pituitary to compensate for the decline in ovarian hormone production, can be treated to a limited degree with sedatives and tranquilizers. The most effective treatment, however, appears to be estrogen therapy, except for women who have suffered uterine or breast carcinoma. Estrogen, though suspect because of its alleged relationships to the possibility of thrombosis in women on the pill, can be very helpful in the alleviation of physical and emotional discomfort associated with the menopause. If estrogen administration is carefully controlled as to type and quantity prescribed, there is very little risk to the patient. However, in cases of heavy or prolonged bleeding which does not respond to hormone therapy, a curettage or hysterectomy may be required.

**965. Willinhnganz, Robert Carl. Transfer and transfer with training in systematic desensitization. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 72-2438. (HC, $10; MF, $4). 110 pp.**

College students with phobic problems were treated using the AB-CB paradigm typically used in transfer research, to investigate two questions: (1) Is Wolpe correct in his statement that only very limited transfer will occur between a treated and untreated phobia; and (2) is it possible through training to facilitate a form of transfer of training such that a subject will be able to cope with anxiety-arousing situations outside of therapy? The results obtained were interpreted to mean that simply being exposed to the SD (systematic desensitization) condition will increase the possibility that the s will be more aware of how to employ the SD model and more likely to use it to cope with anxiety-arousing situations outside of therapy. Results support the use of application training combined with SD as a means of helping ss learn a coping mechanism for dealing with extra therapy situations that elicit anxiety. (Journal abstract modified)

**966. Wilson, Arthur L. Group therapy for parents of handicapped children. *Rehabilitation Literature,* 32(11):332-335, 1971.**

A series of group therapy sessions was organized to meet the needs of parents of handicapped children. Each session was structural to utilize a semi-instructional approach to stimulate parent interaction. Topics of discussion dealt with the child's display of concern over his handicap, parents' own feelings and frustrations, modes of helping children, society's attitude toward the physically handicapped, unwanted sympathy and help, guarding against overprotection, and the parents' role in the teen years. The series demonstrated that each parent had experienced similar traumas, disappointments, and frustrations in dealing with the child's disability. The group leader was a parent of a handicapped child as well as a trained psychologist. However, the fact of parenthood seemed to be the outstanding qualification in determining the group's success. The need for such groups was demonstrated, and the feasibility of having a group conducted by a person other than a trained psychologist was indicated. 7 references.

**967. Winkelstein, Charles, and Lyons, Albert S. Insight into the emotional aspects of ileostomies and colostomies. *Medical Insight,* 3(12):14-21, 1971.**

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The construction of an artificial opening in the abdominal wall for the passage of urine or feces is, for most patients, a procedure incurring profound and varied emotional responses. It is felt that the ostomy or stoma presents patients with unique and profound psychological problems not encountered in other types of surgery, and that the physician can do much to alleviate these problems. Ileostomies for fecal or urinary diversion are necessitated by severe, chronic ulcerative colitis, and patients are frequently young. If necessitated by a neoplasm involving the bladder or by congenital defect, patients range from young to elderly. Colostomy, rectal resection, is usually caused by cancer of the rectum and the patient tends to be older. In many cases, psychological problems have preceded surgery and may contribute to postoperative turmoil. The attitudes of patients are explained and emphasis is placed on the need for responsible emotional as well as medical and surgical care for the stomate. Team efforts begin in the hospital, extend to the family, and may eventually include members of the local ostomy societies. Adjustments are made in time, but primary responsibility rests with the family doctor to insure stomate rehabilitation.

968. **Winn, Harold, and Daly, Michael Joseph. The change of life in the woman.** ***Geriatrics,*** **26(6):105-111, 1971.**

The climacteric is a psychologic reaction to the cessation of menstruation which is symbolic of femininity, especially sexuality and fertility. It also represents the beginning of the end of life. This loss produces a regret over what has not been experienced or accomplished. Reduction of the roles of mother and sexual object can be a severe blow to self-esteem. If there are preexisting personality defects, these traumas can result in emotional illnesses, of which depression is the most common. The climacteric, however, can also be a phase of development to which a woman can adapt and, in the process, become a more mature individual who accepts life with equanimity and contentment. 6 references. (Author abstract)

969. **Wirt, Robert D., and Briggs, Peter F. Personality and environmental factors in the development of delinquency.** ***Psychological Monographs: General and Applied,*** **73-15(485): 1-47, 1959.**

A previous study found that juvenile delinquents in the ninth grade tended to have high scores on the psychopathic deviate (PD), schizophrenic (SC), and hypomania (MA) scales of the MMPI (Minnesota Multiphasic Personality Inventory), while nondelinquents of the same age tended to have high scores on the depression (D), masculinity-feminity (MF), and social introversion (SI) scales. The PD, SC, and MA factors could thus be termed delinquency excitors and the D, MF, and SI factors, delinquency depressors. Using this same group of ninth graders, who were by now 23, four groups of subjects were selected: nondelinquents with high delinquency suppressor scores; delinquents with high delinquency suppressor scores; nondelinquents with high delinquency excitor scores; and delinquents with high delinquency excitor scores. There were 71 subjects in each group. Information about these subjects was obtained from the records of social agencies, a questionnaire completed by the parents, and a clinical interview with the subject. Contact with a social agency by any member of a boy's family was reliably associated with a history of delinquency in the boy himself. Family disruption, dissocial behavior, and psychological problems occurred frequently in the delinquent boys' families. Among the boys who were delinquent, severity of delinquency was related to poverty and economic need, dissocial behavior, and marital disruption within the family. Compared with nondelinquent boys, delinquent boys came from a lower socioeconomic class, less physically and morally sufficient homes, homes with more parent-child conflict and jealousy of siblings; they were more responsive to their own needs and impulses; were less moralistic and strict; were more masculine; were more psychopathic; had poorer performance in school; rejected their parental home; had more sexual promiscuity and fights; were less orderly, intellectual, and submissive; were more deceitful, critical, nonconforming, and inclined to act out; and were also more sensitive to demands and more inclined to give up when frustrated. Delinquency is for the most part an adolescent phenomenon with delinquency declining markedly after age 19. Increased financial support of prevention programs is recommended. 19 references.

**970. Wolf, Katherine M. Edouard Pichon: Le development psychologique de l'enfant et de l'adolescent. [Edouard Pichon: The psychological development of the child and the adolescent.]** ***Psychoanalytic Study of the Child,*** **1:417-423, 1945.**

A discussion of Pichon's textbook, "The Psychological Development of the Child and the Adolescent," characterizes it as a valuable work for all who deal with the child's development and its abnormalities. It shows the usual organization of a textbook on child psychiatry, dealing with the general approach to the child and with methods of mental diagnosis such as interviews and tests. Mental syndromes known in child pathology are enumerated, whether somatic or psychological, and educational principles and therapy are treated. The one part of the book that can lay claim to originality, however, gives an account of the child's development from birth to maturity, attempting for the first time to present a picture of human development based on the findings of psychoanalysis and, at the same time, of experimental child psychology. This review is limited to this section of the book, and shows how Pichon attempts this synthesis, by a method of presentation that seems natural and plausible. He views the child's development from two aspects, the emotional and the intellectual: the first by means of psychoanalysis, and the second by means of experimental child psychology. 2 references.

**971. Wolf, Stewart, and Goodell, Helen. *Harold G. Wolff's Stress and Disease.* 2nd ed. Springfield, Ill.: Charles C. Thomas, 1968.**

The book sets forth a theory in which the relationship between stress and disease is described. The chapters presented are: the nature of stress for man; methods of investigation; adaptive reaction patterns; the organization of reaction patterns; the brain and the adaptive process; patterns of social adjustment and disease; the modification of reaction patterns: the therapeutic process; and a synthesis of data acquired. 660 references.

**972. Wolf, Stewart. Patterns of social adjustment and disease. In: Levi, L., ed. *Society, Stress and Disease.* Vol. I. London: Oxford University Press, 1971. pp. 5-6.**

Patterns of social adjustment and disease are discussed. It appears that man needs to live in a fashion acceptable to his fellows, to derive spiritual nourishment from his activities and the things which happen to him, to satisfy in some way his various emotional yearnings, including his unquenchable thirst for power and prestige, and to realize his potential for love and for creativity. Threats to his ability to perform all of these spheres constitute the important everyday stresses that are apparently behind so many states of disability and disease. A preventive emphasis in medicine demands that all of these factors be taken into consideration, and that attempts are made to develop satisfactory ways of dealing with them individually and collectively. 6 references.

**973. Wolf, Stewart. Evidence on inhibitory control of autonomic function. *International Journal of Psychobiology,* 1(1): 27-33, 1970.**

It is well known that smoothly coordinated activity by skele- muscles requires the operation of a complex network of inhibitory neurons. When inhibitory effects are paralyzed as by strychnine or tetanus toxin, violent, uncoordinated, and useless contractile activity results. Evidence is accumulating that inhibitory control is also essential to healthy autonomic function in the process of visceral regulation. The data make it clear that most adjustments involve discrete and not generalized autonomic discharges. Either adrenergic or cholinergic impulses may be subject to modulating inhibition. Furthermore, in behavioral patterns of viscera, adrenergic and cholinergic effects are often synergistic and are not necessarily antagonistic. Special interest attaches to the effects of emotionally stressful experiences on autonomic regulation of visceral function. It appears that they may impair homostasis through interfering with the damping effects of inhibitory mechanisms. 20 references. (Author abstract)

**974. Wolfenstein, Martha. How is mourning possible: III. *Psychoanalytic Study of the Child*, 21:104-112, 1966.**

The tendency of children and adolescents to develop a hypercathexis of the lost object instead of decathecting the lost love object, as happens in mourning, is discussed, and the question of why they cling in this way to the lost parent is examined by considering what object relations mean in different phases of development. Some of the indispensable prerequisites for the child's growth which the parents provide are reviewed. The factors that make for the fear of acknowledging that the dead parent is irretrievably lost, the related fear of the breakthrough of massive amounts of objectless libido, and the fear of regression are examined. Finally, the question of why the remaining parent is not an object to whom the child can transfer the feelings he had for the dead parent is considered.

**975. Wolfer, John A., and Davis, Carol E. Assessment of surgical patients' preoperative emotional condition and postoperative welfare. *Nursing Research*, 19(5):402-414, 1970.**

Seventy-six female patients who underwent major gynecologic surgery and 70 male patients who underwent major abdominal surgery were given a variety of instruments designed to assess their preoperative fear and anxiety and postoperative recovery and adjustment. The results provided information regarding the incidence and variation of undesirable pre- and postoperative emotional and physical conditions, the relationship among different types of measures of preoperative affect and postoperative recovery, and the relationship between level of preoperative fear and anxiety and postoperative recovery. The major findings and conclusions are discussed. Methodological problems in connection with the assessment of patients' emotional and physical reactions to surgery are discussed and suggestions for future research are made. 40 references. (Author abstract modified)

**976. Wolfgang, Marvin E. *Violent Behaviour*. Cambridge, Eng.: W. Heffer and Sons, 1969.**

When violence occurs in crime or protest, youth is often its vehicle. But most crimes and most protests are not violent, even when youth are involved. Violence is largely a learned response. If in everyday life man witnesses the display of violence in an abundance of styles, it takes on a banality and he may come to accept its use in encounters with his own environment. It might be said that for all their protest against their established elders, youth in a sense rely on the patience, understanding, tolerance, and responsibility of the older generation to check their escalating demands at the crunch point of the utterly impossible. One of the privileges of youth is having the ability to afford to complain and question. If the response to youthful violence is exclusively repression, the response may well assume the violence it seeks to halt. Perhaps, instead, a growing flexibility to change and an understanding of youth's requests will be the older generation's final weapon. Violence is a means of seeking power and may be defined as an act of despair committed when the door is closed to alternative resolutions. 17 references. (Author abstract modified)

**977. Wolkon, George H. Effecting a continuum of care: An exploitation of the crisis of psychiatric hospital release. *Community Mental Health Journal*, 4(1):63-73, 1968.**

The authors describe the relative effects of certain structural techniques—the type, timing, and frequency of the receiving agency's contact with the potential client—in implementing a continuum of care from the psychiatric hospital to a professionally recommended community-based rehabilitation center. The differential success of these techniques ranges from zero to 52 percent. Findings concerned with the timing of interventions are interpreted in terms of crisis theory, and those concerned with the type and frequency of contacts lead to greater specification within the theory. In order for a crisis intervention to be effective, the intervention must, as a necessary condition, satisfy the dependency and affiliative needs of the client. Implications for interventions at other points on the continuum of care are suggested and specific recommendations made. 13 references.

**978. Wolman, Benjamin B. Humanity on the couch. In: Listman, B., ed. *The Unconscious Mind: The Meaning of Freudian Psychology*. Englewood Cliffs, N.J.: Prentice-Hall, 1968. pp. 97-115.**

Freud's work in the sociocultural field is discussed. His case study of Australian Aborigines is outlined. The totem and taboo concepts are reviewed in relation to anthropological findings and psychoanalytic considerations. Incest fear, taboos on killing, and the relation of taboos to compulsion neuroses are discussed. The conception of a group as a collection of individuals with the same person in the superego is explored. The development of social order and the emergence of leadership are given a psychoanalytic explanation. Inhibition of criticism, judgment, and logical reasoning, and increase in emotionality are seen as the main features of group behavior. Freud's analysis of the church and the army as examples of group formation and leadership is considered. Freud's views of civilization, the thwarting of the libido, restriction on freedom of action, the development of nonsexual expression, and destruction are set forth. Freud's ideas on the role and function of religion as a means of gaining control of the sensory world by means of a wish world are set forth. Freud's analysis of Moses and Judaism is briefly presented. Freud's conception of the meaning of history as somewhat analogous to the psychoanalytic view of the life of the individual is discussed. Freud's views on socialization and education are briefly presented. Freud's pessimism and determinism are considered. The avoidance of ethical and philosophical problems in much of Freud's work is noted. His views of personal morality, children's amorality, love for others, and altruism are briefly considered.

**979. Wong, Bennet R. The adolescent in our changing society. *Child Welfare,* 47(7):411-416, 1968.**

The normally disruptive, as well as integrative, tasks of adolescence are analyzed in relation to the excessive pressures and confusions of the adult world into which the adolescent must make his way. The intrapsychic adaptations required for the maturational process are reviewed from the point of view of ego psychology, with emphasis upon the adolescent's need for an ego ideal. The inadequacies of current attitudes toward these needs are outlined, with the resulting problems of youth being reflected in the dropout problem, demonstrations, rebellion, drug usage, antisocial behavior, and mental illness. Greater understanding, a willingness to learn and compromise, and cooperation of adults are needed. 1 reference.

**980. Wood, Gene Harrison, Jr. The effects of cognitive appraisal and defensive disposition on stress response in the natural habitat. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 70-27061 (HC, $10; MF, $4). 101 pp.**

Lazarus' finding that cognitive appraisal could influence stress response to vicarious threat was considered with respect to whether it could be generalized to a natural habitat situation where an important motive was being threatened. The ability of personality disposition, as measured by the R-S scale, to influence the effect of cognitive appraisals on stress response in the natural habitat was also investigated. A method was devised to produce threat in a natural habitat situation and to supply cognitive appraisals designed to both reduce and increase stress response as measured by self-report of anxiety. Analysis of the results revealed that the threat utilized was apparently effective in increasing self-report of anxiety, although increase in self-report of anxiety in the imaginary threat condition indicates other factors may cause subjects to report increased anxiety on checklists. ANOVA results indicate that imaginary threat produced significantly greater self-report of anxiety than direct threat. Personality disposition as measured by the R-S scale failed to influence anxiety change scores, although results indicated that sensitizors apparently experience greater mean momentary anxiety over time than do repressors. The overall results indicate that the response of subjects to direct threat in the natural habitat is much more complexly determined than is the case when vicarious threat is perceived. (Journal abstract modified)

**981. Woodward, Mary W. Problem-solving strategies of young children. *Journal of Child Psychology and Psychiatry and Allied Disciplines.* (Oxford), 13(1):11-24, 1972.**

Problem-solving strategies of young children were studied. A complex problem consisting of 12 graded elements was presented to normal children 1.5- to 5-years-old and to severely subnormal children, in order to attempt to elucidate some aspects of early cognitive development. Strategies adopted have been analysed in terms of the plan and tote unit concepts. It is suggested that an early phase, when a repetitive behavioral sequence is directed towards an externally given end point, is followed by one in which the sequence is terminated at the appropriate point by the interpolation of a manipulative or observing action after each repetition. 17 references. (Author abstract)

**982. Woody, Jane Divita. Contemporary sex education: Attitudes and implications for childrearing. *Journal of School Health*, 43(4):241-246, 1973.**

Attitudes toward and implications of contemporary sex education for childrearing are discussed. Attitudes contributing to a healthy approach to human sexuality are presented. They include a positive concept of the genitals and honesty about sexual matters in intimate relationships. Parents must serve as behavioral models to reinforce desired behaviors and attitudes, provide accurate information, and demonstrate genuine warmth, acceptance, and empathy to their child. There must be a consciousness about the childrearing process so that people do not respond to their children as their own parents responded to them. 11 references. (Author abstract modified)

**983. Worden, Margaret S. Continuity of life style and adjustment in relocation to a long-term care facility. *Smith College Studies in Social Work*, 47(1):56-57, 1976.**

The relationship between lifestyle continuity and adjustment subsequent to an older person's relocation to a long-term care facility was explored in structured interviews. The subjects were 13 persons who had moved from their homes or from the homes of a relative into a 120-bed Methodist nursing home, where they had been residents from 1 to 6 months. Interview questions concerned lifestyle, adjustment, and stress, and findings supported the hypothesis that lifestyle continuity is related to adjustment in this sample. Those persons who were able to maintain some continuity in their accustomed lifestyles became well-adjusted residents. For those who suffered severe breaks with accustomed life patterns, the relocation experience was more stress-provoking, resulting in discomfort and poor adjustment. The data also confirmed the importance of residents' active participation in and preparation for nursing home residence. The role of the social worker in the relocation process was discussed. (Author abstract modified)

**984. Worell, Leonard. Intraindividual instability and conflict. *Journal of Abnormal and Social Psychology*, 66(5): 480-488, 1963.**

The prediction of the instability or apparent unpredictability of an individual's behavior when faced with the same situation on repeated occasions was studied in three experiments. A theory was proposed that depicted the variable individual in any specific set of situations as a comparatively conflicted one in those situations. Experiment 1 studied conflict as a determinant of intraindividual instability using 48 female subjects. Results confirmed the hypothesis that strong conflict produces greater intraindividual instability than weak conflict. Experiment 2 studied situational intraindividual instability and conflict-like performance, using 102 subjects of both sexes. Results supported the hypothesis that the more variable persons, as contrasted to the less variable ones in any given situation, will behave as though that situation contained greater conflict. Experiment 3 studied the generalization of intraindividual instability using 24 female college student subjects. Results supported the hypothesis that the intraindividually unstable person brings into a new situation the instability that was developed in previously experienced similar situations. 21 references.

**985. Wota, Michael Joseph. Development and Operation of a Student Crisis Center. Dissertation Abstracts International. Ann Arbor, Mich.: University Microfilms, No. 71-17788 (HC, $10; MF, $4).**

The development of a student crisis center, from inception to present operating procedures, is discussed in detail. Ecological investigation into the behavior of students responding to stress situations is presented. A report is made on five general areas of research. The first area deals with the kinds of visitors contacting the crisis center. Some relevant variables in this section are sex, student-year level, living arrangements, and chronic repeater status. Areas 2 and 3 report on the types of contacts made (phone and walk-in), respectively, and the different time periods during which contacts were made. Part 4 describes the types of problems encountered most frequently. Section 5 investigates the behavior of volunteers working at the crisis center. Special attention is paid to those workers referring visitors to other agencies. The research deals with many and varied problems of interest. Exhaustive, detailed analysis leading to definitive interpretations is not attempted. The intent is to explore and present possible avenues for future research in the area of crisis intervention. (Journal abstract modified)

**986. Wright, Logan. Psychologic aspects of the battered child syndrome. *Southern Medical Bulletin,* 58(3):14-18, 1970.**

With a conservative estimate of the incidence of child abuse standing at 20,000 cases each year in the United States, the psychological aspects including the effects on the children and the personalities of the parents are discussed. In a 10-year followup of abused children, 40 percent were found to be emotionally disturbed and 50 percent had below normal intelligence. Sixty percent showed some failure in physical growth, so that only 10 percent can be expected to develop normally. Abuse can be observed at all socioeconomic levels, but the personality characteristics of the offenders as determined with the Minnesota Multiphasic Personality Inventory indicate tendencies toward psychopathic deviancy and schizophrenia even though outwardly these signs may not be obvious. The parents often exhibit ridiculous expectations of a child, no empathy, or frustrated dependency needs. A program of crisis intervention, group therapy, home visitation, and, occasionally, birth control or other medical consultation, appears to be of considerable help to the abusive parent. 16 references.

**987. Wright, Thomas S., and Mann, Lester. The athlete in mental health work with children.** ***Pennsylvania Medicine,*** **72(6):79-82, 1969.**

The athlete can be a major contributor in the rehabilitation of mentally handicapped children. His orientation of body use and his commitment to excellence in physical education recreation programs are unique features in training programs staffed by mental health specialists. He is an excellent person for the child to model his behavior after, and he is seen by the child as one who will aid him in developing competence. The athlete urges the child to strive to overcome his limitations to obtain seemingly impossible goals. Most importantly, the child achieves a tremendous sense of accomplishment from sports activity. Being directed toward achievement, the athlete aids the handicapped child in learning to be directed to goal achievement. The athlete may overemphasize excellency, thus placing too much emotional or physical stress upon the child, and he may become impatient with both the child and other professionals. But if these attributes can be corrected, the athlete can be a valuable member of the rehabilitation programs. The Buttonwood Farms-Temple University program is discussed. 18 references.

**988. Wyatt, Gertrud L., and Herzan, Helen M. Therapy with stuttering children and their mothers.** ***American Journal of Orthopsychiatry,*** **32(4):645-659, 1962.**

In a psychodynamically oriented therapeutic program with 20 stuttering children and their mothers, the following two hypotheses were tested: (1) Children under 7 years of age should show more marked improvement or return to normal speech after a smaller number of sessions than children over 7; and (2) children whose mothers exhibited at the beginning of therapy low-level anxiety concerning speech and low-level irritation concerning aggressive behavior should show marked improvement or return to normal speech after a smaller number of treatment sessions than children whose mothers exhibited high-level anxiety and irritation. The children were helped to verbalize feelings of anger and anxiety, and mothers were helped to understand and manage their child's communication disorder. Results showed that 10 of the 12 children under 7 years of age and 5 of the 8 children over 7 showed marked improvement or a return to normal speech. The first hypothesis was confirmed: The number of therapeutic sessions ranged from 4 to 14 in the younger group and from 10 to 33 in the older group. The reasons for nonimprovement varied from case to case; thus, the second hypothesis was not supported. Therapy with stuttering children should be based on a sound theory concerning the interpersonal aspects of language learning in children. The techniques used should be adapted to the age of the child. The mother should be included in the treatment program. Therapy should be undertaken as soon as possible after appearance of compulsive repetitions in a child's speech. Mother-child separation during the child's second and third year may have an impact upon the child's language development. 33 references.

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